

Annual Report and Accounts 2014 -15



York Teaching Hospital NHS Foundation Trust

Annual Report and Accounts 2014-15

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Introduction

Introduction

Chairman's Statement

Welcome to the 2014-15 Annual Report for York Teaching Hospital NHS Foundation Trust.

Alan Rose completed his maximum nine years as a Director of the Trust on 31st March this year, and I succeeded him as Chair of the trust on 1st April. This statement reflects Alan's final year as chair.

"Across most of the ways in which we measure our safety, quality and experience of care – our essential mission as an organisation – we have achieved good results. There have been some weaker areas that are being addressed, and we are in no way complacent, continually striving for improvement. As has been publicised, and as is occurring across much of the nation, the emergency/acute services have experienced particular pressure. Demand and expectation continue to rise. Patients tell us that their perception of care is generally good, and this increasingly includes their experience of the service, as well as the clinical outcome. The ability to recruit enough staff in selected types of services is very challenging and we are continually addressing this to keep the workforce levels and mix where they should be.

The Trust has completed the financial year with a financial deficit for the very first time. Although this is smaller than many other acute hospital Trusts around the country, it reflects the considerable downward "squeeze" on NHS funding to the hospital sector. The Trust has a safe cash position and is continuing to invest significantly, as planned, in important service improvements, particularly at Scarborough, Bridlington and York. The Trust is a little over half-way through the complex integration of the Scarborough and York Trusts and the Board is confident that strong progress is being made to ensure services are sustainable and safe. For some services, we are reconfiguring the pattern of provision, using the sites sensibly and efficiently, keeping services local wherever possible and taking advantage of the portfolio of sites the Trust owns and manages across the communities served.

We are increasingly seeking to collaborate with partners in the health and social care economies within which we work. This includes our neighbouring NHS Trusts: Harrogate and District NHS Foundation Trust, Hull and East Yorkshire Hospitals NHS Trust and Leeds and York Partnership NHS Foundation Trust, who provide mental health services. The way services are delivered in the community is attracting much attention nationally and we look forward to increasingly working with the Commissioners, the variety of General Practice providers and our Social Services colleagues to find optimal and innovative ways of delivering care outside the Hospitals. This is particularly relevant to patients with long-term health conditions. In addition, of course, we work with the Hull York Medical School, Public Health, the local Healthwatch groupings, universities and many researches, voluntary and charitable organisations. We expect further collaborations to be inevitable as patterns of health and care service develop.

I would like to thank, on the Board's behalf, the support we receive from staff, Governors, Members, Friends, volunteers and other groups in our communities that provide superb support to the services we offer. I would also like to express my

sincere thanks for the huge support I have received from colleagues and stakeholders during this period of significant development of the Trust. I see the current Board of Executive and Non-executive Directors as stable, strong and experienced. I have pleasure in handing-over to Susan Symington, an experienced senior leader, whom I am confident will be an excellent Chair for the organisation in the challenging years ahead."

Alan Rose, Chair 2014- 2015

One month into my role as Chair at the time of writing, and I am developing a strong sense of our trust. Of hardworking, committed staff that place patients at the centre of everything they do, of strong partnerships and creative alliances, and of a desire to continually improve the services we offer.

But these are tough times. Across all our sites and between all 8,500 of our staff, we face shared challenges in the year ahead. The first is to maintain and develop our heartfelt commitment to the care of our patients and service users. The second is to meet the significant financial and regulatory challenges we face.

Our mission is a constant. We want to be trusted to provide safe, effective, sustainable healthcare for the communities we serve. Our unswerving focus on our mission and our courage to meet the challenges we face, will ensure that during 2015-16 we will continue to successfully meet the needs of the communities we serve.



Susan Symington
Chairman
27 May 2015

Chief Executive's Statement

Welcome to our annual report and account for 2014/15.

As has been the case for the past few years, once again this report details our performance during a difficult period for the NHS and the public sector as a whole, and the pressures placed on us continue to rise.

We have always been a strong performer in terms of our financial management and meeting our efficiency obligations, however, despite our best efforts and continuing achievement of our efficiency targets, we have for the first time, alongside many other Trusts, reported a deficit for this year.

We have completed our second year as a single organisation following the formal acquisition of Scarborough and North East Yorkshire Healthcare NHS Trust, and it is clear that there is still more that we need to do to fully integrate the two acute organisations and our community services. Despite the increasing pressure and complexity of the environment we work in, we have made a strong start and I am in no doubt as to the commitment of our staff from every part of the organisation in terms of putting patients at the centre of everything we do.

Merging our organisations was never going to be easy but I am proud of how we have worked together on this at a time when the NHS has never been under so much pressure and working to such high expectations.

In March this year we welcomed the Care Quality Commission into the organisation as part of their planned inspection programme, at the time of writing we are still to receive their final report and assessment. I have genuinely sensed that the assessment process itself has brought the organisation closer together. It has encouraged us to focus on what we are good at, and this in itself will help accelerate the process of truly becoming one organisation.

There are of course areas where we need to improve, and we are prioritising these, however I am pleased to report that we continue to perform to a good standard in most key areas.

I believe we have always been ambitious in our planning and in our desire to continually improve what we do for the benefit of our patients, and we have already delivered a number of schemes that look better, make people feel better and allow us to provide better services. Many of these are on our East Coast sites, where such investment was urgently needed.

Our new £5m purpose built surgical ward and surgical assessment unit in Scarborough was officially opened at the end of March 2015. We have also completed the new visitor car park, refurbished the maternity theatre at Scarborough Hospital, and provided a new discharge lounge where patients can wait for their transport once they are ready to go home, freeing up beds more quickly and improving patient flow.

As a Board we have made a commitment to a long term strategy which includes a focus on supporting acute and planned care through better use of our estate, the development of plans around what activity can be delivered at Bridlington, and the priority areas for capital development in Bridlington, York and Scarborough.

We continue to focus on our acute services, with the aim of improving how we deliver care for those of our patients who are most ill. A key element of this is the separation wherever possible of our acute and elective activity, and the benefits of this were felt immediately in orthopaedics where we have separated elective work which is now provided at Bridlington Hospital. Planned orthopaedic surgery was able to continue throughout winter for the local population, unaffected by the bed pressures on the Scarborough site, as a result of our decision to relocate it. This would simply not have happened if we had not moved the service to Bridlington, as evidenced in other surgical specialties that saw a number of planned surgery lists cancelled.

We need to continue to plan and deliver in this way to ensure we retain our ability to make these choices for ourselves, and by maintaining control of our finances and performance I have every confidence.

Part of the solution to this is around working more closely with other local organisations and thinking differently about how we deliver services. We are working closely with Scarborough and Ryedale CCG, North Yorkshire County Council and ourselves to begin to establish a shared vision and set of priorities for well-being, health care and social care for the next five years.

We have introduced community hub models in the Selby and Malton localities, enabling care and support to be given to patients in the community and in their homes, and reducing the reliance on inpatient facilities.

Finally, I wish to place on record my thanks and appreciation as Chairman Alan Rose reaches the end of his allowed term of office. Alan led the Trust through the integration of York and Scarborough Trusts, and under his leadership, the Board of Directors was also awarded the title of "NHS Board of the Year" by the NHS Leadership Academy in December 2012.

I would like to thank him for his tireless commitment to both the Trust and the patients he has served over the past nine years. He will be missed, however, we wish him all the best for his new role as Chairman of Colchester Hospital University Foundation Trust.

I look forward to working with Susan Symington, our new Chair, to build on Alan's work in strengthening the organisation for the benefit of all of our patients and staff.

A handwritten signature in black ink, appearing to read 'H. Powery', written in a cursive style.

Chief Executive
27 May 2014

Strategy

2014/15 Strategic approach

The Trust provides a comprehensive range of acute, specialist and community services to approximately 530,000 people living in and around York, North Yorkshire, North East Yorkshire and Ryedale from 7 hospital sites. This presents a challenge especially in terms of consistency of service and is compounded by the number of Clinical Commissioning Groups, Local Authorities and other organisations involved in the planning. It has been recognised within the local health economy that fundamental change to working practices is required to maintain services in a difficult financial climate whilst driving up quality and focusing on patient safety.

The expectations of Clinical Commissioning Groups are that providers will continue to make efficiencies whilst transforming care and maintaining quality and safety are significant. The financial challenge is set within a context of increasing demand across all sectors including an elderly population whose needs are changing together with higher patient expectations. Health and social care integration has been identified as an area that can provide opportunities for joined up pathways for patients, reducing duplication and the risk of falling between separate services.

The Trust has been able to identify a number of threats that could impact on services. These threats are also seen as opportunities for the Trust to confirm its planning and its approach to working with the CCGs and other stakeholders in providing the desired service. The Trust sees quality and safety as a priority in the organisation and this is a theme that runs through all the services the Trust provides.

After consulting with staff, senior clinical leaders and executives, the Board of Directors developed a number of strategic frames which underpin the key values of the organisation. The Trust formulated a robust clinical strategy, which has its foundations in the Five Year Strategy, (formerly the Integrated Business Plan), initially developed as part of the Scarborough acquisition and which is revised annually. Informing the Five Year Strategy are a number of other key strategies including the workforce strategy and the approach the Trust takes to recruitment, workforce design and utilisation along with health and wellbeing. These strategies complement each other and support the efficiency agenda and the Trust's expectation that it will provide services that are required by the commissioners and the community it serves. Systems and Network Services continue to proactively support the delivery of the Patient Safety Strategy by developing clinical applications that support the delivery of safe, evidence based effective healthcare and ensuring high availability and performance across the whole network infrastructure.

The Trust's ultimate objective is **'To be trusted to delivery safe, effective and sustainable healthcare to our communities'**. Our values, drivers and motivations are:

- Patients are at the centre of everything we do
- Caring about what we do
- Respecting and valuing each other
- Listening in order to improve
- Always doing what we can to be helpful

Each year the Trust reviews its strategic direction. During 2014/15 the Trust reaffirmed the strategic frames which are designed to ensure there is a focus on the Trust's ultimate objective. These strategic frames provide a focus for the Trust's emerging priorities and objectives, and assist in communication to staff, patients and other stakeholders. The strategic frames are:

- Improving quality and safety
- Develop stronger citizenship through our work with partners and the broader community
- Improve our effectiveness, capacity and capability
- Improving our facilities and protecting the environment

Aligned to the Trust's strategic frames are a number of continuing priorities and key developments for future sustainability of the organisation.

- Continuation/enhancement of integrated clinical team working across the York/Scarborough Hospital sites/communities
- Developing separation of acute and elective capacity
- Redefinition of role/purpose of Community services/hospitals
- Co-operation/Partnership Working with other organisations

The Transforming Community Service agenda and the acquisition of Scarborough and North East Yorkshire Healthcare NHS Trust has led to the phased integration of clinical and corporate directorates, together with a programme of estate works to ensure Scarborough and Bridlington Hospitals are fit for purpose. This involves:

- single directorate clinical and management structures
- standardised governance and clinical protocol arrangements
- the sharing of expertise and capacity
- developing access to sub-specialised services across the patch
- redesigned service pathways generating improvements in care
- economies of scale and streamlined recruitment processes to attract and retain skilled staff

A major part of the integration has been to:

- Create a single converged voice and data network spanning both acute and community services
- Deploy a single electronic patient record across all the Acute and Community Hospitals and enabling Community Teams to access that record
- Consolidation of back office systems and the integration of standalone clinical applications

Performance against corporate objectives

Below are some examples where the Trust can demonstrate achievements against the strategic frames.

Improve quality and safety

Breast Cancer Service

Over the past few years there has been a gradual and continual increase in the number of patients being referred to the hospital for assessment by a breast cancer specialist, but there has not been a similar increase in the number of patients being diagnosed with cancer. This means that an increasing number of patients have been referred unnecessarily to hospital, with all the attendant stresses and problems that come with such a referral.

The Breast Unit in the Trust, the GPs and the Clinical Commissioning Groups have been working in partnership to develop better-defined referral guidelines as part of the Referral Screening Service. These guidelines support GPs in deciding when to refer patients to the Trust through the rapid access to diagnostic clinic, so reducing the unnecessary referrals that do sometimes occur. At present these guidelines are being used by GPs that are in the York and Scarborough area. The Scarborough and Ryedale Clinical Commissioning Group is seeking to introduce the same guidelines over the next few months.

For patients, this will mean that their GP will only refer a patient to hospital when they have symptoms that need to be assessed by a specialist. The introduction of the guidelines has resulted in a reduction in the number of patients being referred which means that the hospital will be able to treat patients more efficiently.

Clinical Trail – IMPROVE

The Trust undertakes a number of clinical trials during the year, one of those trials this year has been the Immediate Management of Patients with Ruptured Abdominal Aortic Aneurysms: Open versus Endovascular repair (IMPROVE trial). Ruptured abdominal aortic aneurysm remains one of the most common vascular emergencies, even though mortality from ruptured aneurysm has been declining at the population level. Without repair, ruptured aneurysm is nearly always fatal.

The aim of the trial was to compare the mortality from ruptured abdominal aortic aneurysm (AAA) in patients treated by an endovascular first strategy versus the conventional treatment of immediate open repair.

IMPROVE was a multicentre trial that randomised patients with a clinical diagnosis of ruptured abdominal aortic aneurysm to either an endovascular strategy of immediate computed tomography and emergency endovascular aneurysm repair (EVAR) or to the standard treatment of emergency open repair. This trial was conducted in 29 eligible centres in the United Kingdom and one in Canada.

The trial at York, involved the vascular team (surgeons and radiologists), emergency department and theatres. The results are published in the British Medical Journal. By involving York in this study, we have not only contributed to our knowledge and increased the opportunities to undertake similar trials. This work was undertaken by the North Yorkshire Vascular Unit.

The vascular team at York were also involved in a further study looking at the landscape of errors in Aortic Surgery (LEAP study). York was part of a multicentre international community understanding these errors and identifying how these can be reduced. The study used formalised debriefing sessions in the theatre environment which involved all team members, and explored any communication and logistical issues. It produced a profile of the errors that occur in this complex procedure, this is the first time such information has been available to the team. The study contributed to the teams learning and improved the team work so improving the safety of theatres for the patients. It also helped the Trust understand at an international level what sort of errors were made, again enhancing the knowledge of the team.

Perfect Week

Over the years, Scarborough Hospital has faced a series of challenges in relation to patient flow, both within the hospital and across the whole health and social care system. This results in high bed occupancy levels, delayed discharges, outliers and long bed waits.

The implication is that these pressures become the norm and directly impact on the four hour Emergency Care Standard and ambulance turnaround times. This is detrimental to patient safety and quality of care and negatively impacts on the patient experience.

It was broadly recognised that the 'whole system' needed to change.

A rapid improvement project called Perfect Week was jointly commissioned by the Trust and Scarborough and Ryedale Clinical Commissioning Group.

The aim of Perfect Week was to demonstrate how rapid improvements could be delivered producing a step change in quality, safety, patient experience and performance. To do this perfect Week was designed around a sustainable operational model that would ensure a focus was maintained on the following:

- Leadership and Culture
- Communication
- Attention to detail
- Escalation

Perfect Week took place the week commencing 19 May 2014.

Operation Fresh Start

Operation Fresh Start is the implementation stage following the evaluation of Perfect Week, and oversees the introduction of a sustainable model for patient flow across the healthcare system.

Taking a programme management approach to the implementation, 12 working groups were established and are working towards implementing the main objectives of Operation Fresh Start. These include:

- Introducing a whole-system command and control escalation process
- Agreeing internal and external escalation response
- Producing and agreeing job descriptions for new roles
- Recruiting staff for the new roles
- Developing a business case for additional pharmacy resource
- Designing the system and process for use of the mobile pharmacy
- Relocating and redesigning the discharge lounge
- Investigating the equipment library and acquiring a new equipment store
- Introducing a dedicated, staffed ambulance handover area
- Introducing 'A plan for every patient'
- Introducing patient safety cultural assessments for the multi-disciplinary teams
- Ensuring the visual hospital tool is incorporated into the bed management system and into the ward plan
- Developing the site model for weekend therapy and social work support
- Developing the model for site-based social work
- Introducing a pre-theatre unit within the clinical environment of Aspen Ward
- Introducing a Surgical Assessment Unit within the clinical area of the newly-built Lilac Ward

The rollout of Operation Fresh Start is being evaluated against key outcome measures, including:

- The timely movement of patients through the emergency department
- No delays to clinical pathways
- Patients are in the right bed on the most appropriate ward for their condition
- Patients with complex care needs are discharged in a timely fashion
- Patients having planned surgery have access to a bed on the date planned for their surgery
- Ambulances can dispatch patients into the emergency department in a timely and safe way
- Patients undergo appropriate risk assessments for dementia and thromboembolism as soon as possible following admission
- The discharge element of the patient pathway is as efficient and safe as possible
- Beds are always available for admissions due to improvements in the flow of patients through the bed stock in any 24 hour period
- Beds are available at all times for planned and unplanned admissions

Pancreatic Cancer Awareness Event

Pancreatic Cancer is the eleventh most common Cancer and often affects older people. Around 8,800 people are diagnosed with the disease every year and it is one of the most difficult to treat. However, patients who are diagnosed in time for surgery have a more than 30% chance of surviving beyond five years after diagnosis.

During the year the Trust held an event which was designed to raise awareness of Pancreatic Cancer. The event described the sort of symptoms you would experience with the disease. It was explained that the disease rarely causes symptoms in the early stages, so it's often not detected until the Cancer is fairly advanced. Late diagnosis of the disease has an effect on survival rates so raising awareness of the

disease and its symptoms is absolutely vital to drive earlier diagnosis and ultimately increase a patient's chance of survival. Awareness, along with research, is the key to battling the disease.

Over the last five years there have been some real advances in research, treatment and support for patients with Pancreatic Cancer. The Trust has a specialist group of staff including radiologists, oncologists, physicians and surgeons who are focussed on providing the best care for each individual patient. Increasing awareness means that the department are looking at earlier diagnosis which means a better outcome for the patient.

Pharmacy –patient safety

To improve patient safety and chemotherapy prescribing, electronic prescribing (via Chemocare) has been implemented on the Scarborough site.

At Scarborough, pharmacists now participate in the discharge team facilitating prompt completion of prescriptions at discharge and an increase in the number of medicines management technicians has improved medicines reconciliation rates. This year the first pharmacist prescriber has been trained. Participation in 'Perfect Week' has highlighted areas in which we can further develop to improve the patient experience.

A satellite dispensary has been introduced on the Acute Medical Unit at York to help to improve patient care and flow. Discharge notifications are processed more promptly and the number of missed doses of medication has reduced.

The pharmacy has responded to the operational needs of the trust by diverting resources as necessary and being proactive in prioritising discharges. Staffing and work systems are constantly reviewed to allow optimum numbers of staff in patient facing roles. Examples include procurement and distribution of medicines being integrated across the trust, quality management systems for Good Distribution Practice being implemented within pharmacy with the result that the department has been granted a distribution licence by the MHRA. A pharmacy wide temperature mapping and monitoring system has been introduced to ensure the correct storage of medicines.

Patient Safety

We aim to be recognised as one of the safest hospitals nationally, delivering safe, evidence-based care, partly by acting and learning when we identify need for improvement. Our Patient Safety Strategy focuses on enhancing our culture of transparency. By joining the "*Sign up to Safety*" Campaign we have committed to listening to patients, carers and staff, learning from what they say when things go wrong and taking action to improve patients' safety. We continue to encourage reporting of errors and incidents in order to learn from them and are refining our systems for doing this, and reporting rates are rising. Our governance structure has been strengthened further and safety is at the forefront of our discussions at Trust Board.

Care of patients at risk from falling remains one of our highest priorities. Our work to reduce falls and pressure ulcers is based on national good practice and is being managed via strategy groups. To ensure learning is shared, every root cause analysis is presented to a panel with learning being fed back. We are making progress and have seen a reduction in the numbers of patients who are harmed from falling, but know that there is much more to do. Reduction in the number of patients who develop pressure ulcers whilst in our care is a significant challenge. The Chief Nurse Team have developed pressure ulcer reduction plans for both hospital and community care, progress is good, and the prevalence of harm from pressure ulcers is reducing, but we continue to report the development of category 3 and occasionally category 4 pressure ulcers.

We are proud that no patient contracted MRSA whilst in our care during 2014. Our CDiff performance has improved but procedures continue to be tightened around prescribing of antimicrobials in particular. We finished the year within trajectory but we recognise that we have challenges with intravenous line management that has contributed to our MSSA rates. In managing this we have invested in the appointment of a Central Line Specialist Nurse with an aim to facilitate dedicated training delivery and deliver best practice.

We openly share safety information and focus on learning and improving from incidents, complaints and litigation. All litigation is fed back to Directorates for discussion at governance sessions. In responding to incidents, complaints and litigation, we recognise the implication and responsibilities on our Duty of Candour. "Nevermore", a monthly publication draws attention to this, all SIs are reviewed at Executive Board and Trust Board and learning is discussed at clinical governance sessions. Six monthly performance improvement meetings held with Directorates focus on safety and quality improvement and a junior doctor safety improvement group has been established.

Patient Safety Walk Rounds provide valuable opportunities for senior leaders to discuss safety issues with frontline staff. We aim to undertake four walk rounds each month and provide a monthly report to Trust Board.

We agreed a CQUIN indicator with our Commissioners on the use of the Sepsis 6 bundle of care and although the work is progressing well audit has identified that there is still delay in recognising sepsis and therefore delay in commencement of treatment. Mortality rates have fallen and we continue to refine systems for mortality review. We have implemented an early warning system to identify deterioration more quickly at community hospitals and to date that is working well.

Develop stronger citizenship through our work with partners and the broader community

Pharmacy developments

In the last 12 months there has been significant progress in ensuring patients have timely access to safe and effective medicines through development of a joint medicines formulary with the Vale of York CCG and Scarborough and Ryedale CCG. To further aid this process the York and Scarborough Commissioning Committee was convened in February 2014 with the aim of having a consensus decision making

process in secondary care and across the two CCGs. The Trust has pharmacist and medical representation on this group and enables a collaborative approach to approving the use of new drugs (or indications) locally. The Trust Drug and Therapeutics Committee continue to manage the introduction of new drugs and drug policies where there are no prescribing or financial impacts on primary care. Net formulary is now a key point of information on the commissioning position of drugs across the different healthcare settings and a link to various policies including shared care guidelines. The formulary team have started working with IT on incorporation of drug formulary status into the electronic prescribing and medicines administration system (EPMA).

The Patient Safety Agency acknowledges the significant risk posed to patients should they miss doses of prescribed medicines. The number of missed doses of medication and specifically missed doses of critical medicines across the Trust has been reduced to below target levels.

The Homecare service which provides access to medicines for patients in their own homes, avoiding the need for them to attend hospital, continues to grow. Resources to support provision of homecare medicines to around 1850 patients have been secured. The homecare team have liaised with both providers and patients to ensure that those medicines are supplied in a timely and effective manner.

Guidelines for management of patients receiving anticoagulation prior to surgery have been updated to include newer novel anticoagulant agents (NOACs) as have guidelines on the management of bleeding in patients taking these medications. A new pathway for anticoagulant treatment options for patients in atrial fibrillation has been adopted by both CCGs. Pharmacist representation on the VTE committee has contributed to production of guidance on treatment of VTE in obstetrics (including a specific prescription chart), guidance on reversal of NOACs and a risk assessment and patient information leaflet for surgical stockings.

Within the renal directorate a pharmacist leads a monthly development meeting. This is a multi-disciplinary team focus on changes in practice, line sepsis and infection prevention.

The antimicrobials team have implemented audit and training across the trust which has resulted in an improvement in compliance for documented indication and review date on prescription charts from 60% to above 80%.

Pharmacy input into clinical trials and research is now integrated across the Trust. Changes to measurements of workload and capacity have allowed the service to streamline processes and improve efficiency. Updated standard operating procedures (SOP) reflect new ways of working. The clinical trials team actively participated in the National Pharmacy Clinical Trial SOP Project.

Ambulatory pathway

The underlying principle of ambulatory emergency care (AEC) is that a significant proportion of adult patients requiring emergency care can be managed safely and appropriately on the same day either without admission to a hospital bed at all, or through admission for only a few hours. This is achieved by reorganising the working

patterns of emergency care to be able to provide early decision making and rapid access to diagnostics.

In partnership with the Vale of York CCG, the Emergency Department and acute physician and nurse team in York tested a model of ambulatory care within York Emergency Department for five weeks from February 2015 to end of March 2015. The team worked on national best practice models by making sure the pilot was staffed by an appropriately skilled senior clinician with the correct competencies to ensure that the patient was on the correct pathway and with access to timely, evidence based diagnostics.

The pilot has now been successfully completed and the team are analysing the data to assess the impact of the model. Initial results suggest patients who would have been admitted previously were able to be treated on the same day and discharged and that there had been a beneficial impact in easing some of the pressure for Emergency Department. The aim now is to complete the analysis and to develop ambulatory care as a permanent way of working across all acute sites within the Trust.

Improve our effectiveness, capacity and capability

Colorectal Cancer: Postoperative surveillance

In January 2014 the Trust introduced a service whereby patients have 'stratified' surveillance following potentially curative treatment for Colorectal Cancer. Traditionally all patients have undergone the same follow-up following treatment, but now the intensity of surveillance is determined by both the risk of recurrent disease and the patient's fitness and suitability for further treatment should the disease recur.

On completion of treatment the patient undergoes a comprehensive assessment by one of the nurse specialists in the Health and Wellbeing Self-Management Clinic, and is invited to attend the Trust's biannual generic Health and Wellbeing Event. From then on surveillance is 'remote', so the patient does not have to repeatedly attend the hospital for out-patient appointments. Follow-up scans and blood tests are requested automatically, and the patient notified of the results. The patient is provided with contact details for the nurse specialists, and can be seen again in the nurse-led clinic as and when necessary. A minority of elderly and/or unfit patients will be discharged and not undergo routine postoperative surveillance, though this will be only after discussion and agreement with the patient.

Development of orthopaedics at Bridlington

Historically in Scarborough Hospital the Orthopaedic service had suffered through often having to cancel elective surgery due to the non-elective demand on bed capacity within the hospital. Due to this, a decision was made to relocate elective Orthopaedic services to Bridlington Hospital.

During the early part of 2014 the Trust agreed to relocation the service. This was a massive logistical undertaking which included working with all internal and external partners such as the orthopaedic clinicians and ward and theatre teams, Pharmacy,

labs, Radiology, housekeeping, catering, BloodFast, Yorkshire Ambulance Service and many more to ensure that the move happened efficiently, safely, and on plan.

The Capital and Estates teams faced the challenge of making sure that a newly commissioned temporary theatre was installed and commissioned on site adjacent to Bridlington Hospital. This theatre supported the transfer of the service.

The service was relocated over a six week period and was fully functional on 28 April 2014.

The service has been sustained at Bridlington and has had 1770 patients (end of March 2015 figures) receiving care from the service with 688 patients undergoing hip or knee replacement surgery.

Parkinson's disease management

Parkinson's disease (PD) is a neurodegenerative disorder, ultimately leading to death. Patients with PD and their families have complex needs similar to those in wider palliative care populations. These needs have not always been identified or satisfied locally or nationally. Many patients with PD die in hospital from aspiration pneumonia, without any preceding discussion of their end-of-life wishes. Barriers to accessing specialist palliative care (SPC) for people with PD are widespread. The Trust established a SPC service for PD patients in Scarborough to address this disparity.

In Scarborough the Specialist Parkinson's disease Palliative Care Service and the Movement Disorder Clinic at Scarborough Hospital and St Catherine's Hospice work in partnership creating a unique service.

Eligible patients who are referred to the service continue to remain under the care of their movement disorder specialist; benefitting from the expertise and perspectives of both services working in partnership. A monthly MDT meeting to discuss referrals, support complex management plans and explore end-of-life issues is held. This MDT also functions as a service development meeting; planning education events, service evaluations and improved ways of working.

More detail about this work can be found on page 104

Improving our facilities and protecting the environment

Lilac Ward -Scarborough

Scarborough Hospital's brand new surgical ward – Lilac Ward – was officially opened on Friday 27 March 2015. The ward, which is located on top of Maple Ward, has 31 beds. There are 15 single rooms and four, four bed bays. The ward also features a Surgical Assessment Area, which will help streamline the patient pathway for patients requiring surgery, meaning care for surgical patients is greatly improved.

The opening of Lilac Ward as a surgical facility allows Haldane ward, one of the hospital's oldest wards, to close.

Lilac Ward is the first ward nationally to have been built using a design solution called the repeatable room initiative.

The design of the four-bed bays makes efficient use of space whilst maximising the distance between bed heads, which is an important factor in infection prevention. The 'nested' design of the single rooms with en suite facilities also makes best use of available space. The design is also intended to maximise the visibility of external landscaping for patients and the visibility of patients to nursing staff. Each of the four-bed bays also has space for a nurse or a doctor to record patient data from tests and observations without having to relocate to a separate office or nurse station. This will help to improve communication and dialogue between patients and staff.

Work began on the ward on 28 April 2014. One of the biggest challenges for the construction was to build a new floor on top of an existing structure and to tie in the steel frame for the new ward with the existing steel framework.

Although the foundations of Maple Ward had been designed and built to cope with another storey being built on top, structural survey work was undertaken to ensure that the frame for the new ward and all of the building services, such as drainage, could be tied into the existing services.

Another challenge was the relocation of Maple Ward patients and staff whilst the frame, flooring and roof were constructed. The hospital's escalation ward Graham Ward was used to relocate Maple Ward patients and staff whilst this work took place, during which time Maple Ward underwent a light touch refurbishment.

The facts about Lilac Ward are:

- Lilac Ward is the first ward nationally to have been built using a design solution called the repeatable room design
- The sea is visible from many of the beds
- Robots were used to lay the roof of the ward
- The ward layout is rectangular. There are two nurse stations one located at either end of the ward. Bays and rooms are located around the outside with facilities such as store rooms and dirty linen located in the centre of the ward. These can be accessed by both sides minimising the distance staff need to walk.

Maintenance of the estate

Over the last 12 months the maintenance teams at both York and Scarborough have continued to make improvements to the estate in order to reduce the level of backlog maintenance and improve the environment for patients, visitors and staff. Some of the projects that have been undertaken are:

- The continuation of the roof replacement programme at York Hospital
- Another fire compartmentation zone was completed in York
- Refurbished Ward 11 which encompassed a new nurse call system, flooring, ceiling, nurses workstation in York
- The adoption of the Premises Assurance Model (PAM). This is a nationally recognized process which provides assurance to the Board that the estates

and facilities across the trust comply with statutory legislation and best practice

- The completed refurbishment of the kitchen, production area and restaurant in York. The new restaurant is called Ellerby's. It is named after Keith Ellerby, a member of staff with over 50 years' service in the catering department
- The Trust market tested the Transport department. The results demonstrated that an in house service was both cost effective and fit for purpose
- Carbon Energy review of the Trusts car fleet was completed and found to be 5.8% below the national average for CO2 efficiency
- The Trust continues to use the 'Good Corporate Citizenship Model'

Energy Management

Energy (gas and electricity) is purchased using a risk procurement strategy. The strategy allows us to take advantage of falling markets for electricity and gas but protects the Trust from rising markets. This strategy has saved the Trust approximately £366,900 during the year, money that has been reinvested into patient care.

In September 2014, the Trust successfully completed a carbon emission and cost reduction project, working with the Carbon and Energy Fund.

The project included replacement of obsolete lighting throughout the hospital, replaced obsolete heating plant, upgraded heating/air conditioning and ventilation controls and installed Combined Heat and Power plant in the hospital boiler house.

The project cost £ 4.6m and has delivered the following significant benefits to the Trust:

- The Trust is self-sufficient in generating its own power in the event of a mains failure
- The Trust has secured guaranteed annual energy savings of £84,000 per year
- There is a reduction in the carbon emissions of 3,000tonnes CO2e per annum which is 22% of the total carbon emissions for the Trust

At Scarborough and Bridlington a similar project will be completed during 2015. It is expected that the project will make similar savings.

Medical Engineering

The Medical Engineering Departments at Scarborough and York provide a servicing, maintenance and repair service for over 14000 medical devices located across the sites.

Following the 2012 integration of the Scarborough and York site Medical Engineering Departments teams have made excellent progress into reducing backlog maintenance issues associated with medical equipment and also broadened the equipment library coordinator function at the York site securing funding for additional staff and funding for an equipment store which provides out of hours access to common use medical equipment for our clinical teams at the York site.

Wards and departments are now being supported with equipment replacement plans with plans already in place for both AMU and ED and plans for other areas in development.

Phase one of three of a bed replacement programme has also been introduced at the York site, the programme aims to replace older bed fleet with new over a five year period with all beds purchased being standardised to include additional safety features such as extra low positioning to assist the Trust in its patient falls reduction strategies.

A new help desk and customer feedback service has been introduced at both sites, the helpdesks are manned in office hours and are available for Trust staff to report equipment faults, make general enquires and also provide comments or feedback on service improvements.

All calls are logged and reviewed at the departmental team brief meetings.

Capital Projects

During 2014/15, the Trust has invested in the region of £18.5m in capital projects across the estate. The major projects on site during that period included the following:

- The construction of a brand new state-of-the-art inpatient facility at Scarborough that will accommodate 31 inpatients - mainly in single rooms each with en suite facilities
- A substantial and complex project to replace two CT scanners at York, together with improvements to patient flow and patient privacy and dignity
- Improvements to the emergency department at York to reduce waiting times and delays in releasing ambulances
- The completion and opening of the upgraded maternity theatre at Scarborough;
- Upgrades to maternity ventilation at both York and Scarborough
- The completion of a major refurbishment project to create a new central food production kitchen at York together with an upgraded restaurant facility for visitors and staff
- Improved decontamination facilities for Endoscopy at York

In addition to the above, there are some major projects in the pipeline that the Capital Projects Team is working on, which include:

- A challenging project to reconfigure a number of wards at York to improve patient flow
- Further radiology equipment replacement and facilities upgrade projects (e.g. MRI) in York and Scarborough
- Projects to upgrade and expand Cardiology and Vascular imaging and treatment facilities at York
- A project to create a new urology diagnostic facility at Malton Hospital
- Complex projects to replace elements of engineering services at Scarborough and York (e.g. lifts)

- Improvements to the emergency department at Scarborough to reduce waiting times and delays in releasing ambulances and
- Further work to increase surgical capacity and facilities at Bridlington Hospital

In addition, the Capital Projects Team is creating new procurement routes for the delivery of capital projects to enable it to provide a responsive, high-quality and best value service to the Trust.

Security

Last year the Trust issued 200 lone working devices in order to reduce the risks to staff. These devices are provided to staff who may be vulnerable to violence and aggression, working on remote sites or outside normal working hours. The devices allow staff to summon help in an emergency.

We have also integrated the CCTV systems on the two main hospital sites to the security control room for 24/7 - 365 monitoring and improved security response in incidents of violence and aggression.

Strategy for 2015/16

York Teaching Hospital NHS Foundation Trust aspires to be the main provider of acute hospital and community services to its local community and has developed a portfolio of services with some opportunities for growth over the next few years. The Trust remains committed to working in collaboration with healthcare organisations including both commissioners and providers. Integration of the clinical and corporate services areas is progressing and the new organisation continues to evolve and develop as services and departments align. The Trust is committed to the continuation of this integration work across sites and the communities in order to enhance the services provided.

The integration has provided an opportunity to separate out acute and elective care at Scarborough with the intention of developing Bridlington Hospital as an elective care centre. The vanguard of this work has been the movement of orthopaedic elective work to Bridlington during 2014/15 supported by a programme to develop a service, which provides outpatients, treatment and rehabilitation all co-located for ease of access. A mobile laminar flow theatre has been procured to develop the capacity required.

The focus on acute/elective care separation on the York Hospital site will revolve around the development of a revised acute care and assessment triage model including the amalgamation of the Short Stay Unit and the Acute Medical Unit.

Redefinition of the role and purpose of community hospitals and services is a key priority for both the Trust and CCGs and has been driven forward by the Community Hub model that has been introduced at Malton and Selby. The Trust is working in partnership with CCGs to identify those patients, who can be safely managed in the community, promote self-care initiatives including patient education and self-management, exercise and rehabilitation. This work will help to ensure that the focus remains on acute and elective care and patients are not admitted

inappropriately and that discharge arrangements are co-ordinated and provide a seamless service from secondary to primary care.

A number of initiatives have been implemented as an opportunity to design new and innovative care including early supported discharge for stroke patients and improving the early diagnosis of dementia by ensuring staff are trained to assess patients and able to refer onto the most appropriate clinician. Provision of other services includes Care Home In-reach, a Community Response Team and a Frailty Clinic. The Trust is seeking to develop high quality integrated end of life care by working in partnership with others to support patients and their families and providing more choice.

The Trust has continued to pursue Alliance and Partnership working with other organisations. In respect of neighbouring acute/community trust organisations (e.g. Harrogate and Hull Trusts) as there are potential benefits in terms of mutual service sustainability (through pooling of population numbers and shared expertise and manpower) economies of scale and improved patient pathways.

Joint working is being explored and pursued across a range of services including aspects of General Surgery and Cancer services, Renal Medicine and Hepatology and Laboratory services. Partnership/Alliance Boards involving senior managers and clinicians from the respective organisations have been and continue to oversee the developing work programmes. Similarly, partnership working with CCG colleagues via Care Collaborative meetings continues to be pursued to promote integrated Hospital/Community care working and more effective deployment of resources across the patient pathway.

The Trust has been acutely aware of the need to enhance current mental health and dementia provision. Currently there is a service level agreement in place with the Leeds and York Partnership Foundation Trust (LYPFT) to provide psychiatric input and a dementia assessment tool is being used which generates referrals as appropriate. Working with LYPFT and the Vale of York CCG, a liaison psychiatry service has been introduced onto the York site in the first instance.

The plan for the next year is challenging and will be heavily focused on collaborative working. It will require the Trust to continue to be innovative and creative about identifying savings and ensure that the Trust is using the resources in ways that delivers high quality care standards, so the Trust is providing the best possible care within the available resources for the patient.

The Trust has been able to identify a number of threats that could impact on services. These threats are also seen as opportunities for the Trust to confirm its planning and its approach to working with the CCGs and other stakeholders in providing the desired service. The Trust sees quality and safety as a priority in the organisation and this is a theme that runs through all the services the Trust provides.

The Trust has developed a robust clinical strategy, which has its foundations in the Five Year Strategy, (formerly the Integrated Business Plan) developed as part of the Scarborough acquisition and which is revised annually. Informing the Five Year Strategy are a number of other key strategies including the human resources strategy and the approach the Trust takes to recruitment, workforce design and utilisation

along with health and wellbeing. These strategies complement each other and support the efficiency agenda and the Trust's expectation that it will provide services that are required by the commissioners and the community it serves.

The vision of the Trust is to be a healthcare organisation that is recognised locally and nationally as delivering outstanding clinical services that meet the needs of its varied population and supports services that matter to patients. The vision is underpinned by three key goals:

- To be an effective and sustainable provider of general acute, community and appropriate tertiary services
- To remove uncertainty in relation to healthcare services particularly for the population of the East Coast of Yorkshire
- To extend genuine public involvement opportunities from being part of an FT, giving the population of the East Coast the opportunity to be heard more formally through membership

2015/16 financial outlook and principal risks

Financial Sustainability

As is the case for most of the NHS, the Trust is facing a particularly difficult challenge in terms of maintaining financial sustainability. National trends show more than three quarters of NHS acute providers now find themselves in deficit. York has not escaped this pressure.

The Board of Directors is fully sighted on this challenge and in approving this report believes the Trust to be able to maintain a Continuity of Services Rating (COSR) of at least 3 for the next 12 months; dependent on stable non-elective activity levels, delivery of CCG emergency care QIPP schemes, no external compromise to planned elective levels, no material deterioration in the NHS staffing market and the Trust's ability to deliver the sixth year of the national 4% efficiency challenge.

Beyond 2015/16 the issue of financial sustainability becomes more acute. The Board has prepared redrafts of its financial plans for 2016/17 and 2017/18 based on the latest economic and operational information available and these describe a heightened financial sustainability challenge. Addressing this challenge will form a key work programme for the Board going forward and indeed a key challenge for national NHS policy direction.



Patrick Crowley
Chief Executive
27 May 2015

Quality Report

Part 1 – Overview

Letter from the Chief Executive

As an organisation we advocate that the quality and safety of the care you receive continues to be our highest priority and drives all that we do.

We want you to feel both safe and cared for. By that, we mean that not only do we expect that the technical things we do to you will be the safest possible but the way in which we do them will make you feel cared for – as we would all expect for ourselves and our families.

It is fundamentally part of everyone's job working throughout our growing organisation to ensure that you are cared for with dignity, respect and compassion and that you receive the best possible healthcare from all our staff wherever you are receiving care – from your home to our hospitals.

We treat and hear from thousands of people every year, and the responses that we receive via the Friends and Family Test indicate that the vast majority of our service users are pleased with the great care we are able to deliver. However, we acknowledge that there are occasions when we don't get it completely right and your views are important to us on this and help us focus on the steps we need to take to improve the quality and safety of the services that we deliver.

This year has been a challenging one for both the Trust and the NHS as a whole. Like most of the country, we have experienced an unprecedented demand for acute services over the winter period. This is in part due to a growing elderly population with significant medical needs and a lack of provision of social care. The challenges this presented means that we have at times, like many organisations, failed to achieve nationally mandated targets around the Referral to Treatment waiting times in some specialities, and the 4 hour waiting time target in the Emergency Department.

Despite some of these pressures, we have continued to make significant progress on the Quality and Safety agenda. In addition the National Early Warning System (NEWS) for early identification and escalation of deteriorating patients we can demonstrate is being used effectively on all general adult acute hospital wards with a modified version has been designed and introduced in community hospitals. We have also made improvements across both sites in the care of patients with severe sepsis.

We have recognised the need to improve our services for those patients receiving end of life care. In doing so we are working to ensure that all patients have appropriate and agreed ceiling of care decision making, detailing treatment options as appropriate to the patient.

It is important to us that you feel safe within our care and we have ensured that over 90% of patients acutely admitted with delirium or dementia aged 75 years or over have a dementia specific assessment and are referred for further diagnostic advice and specialist treatments on all our hospital sites. The Trust has also established a

standardised approach to assessment and interventions for patients at risk of falling in hospital.

In any organisation, there will be occasions when an adverse incident occurs. Learning from such incidents is important to us, and over the year the Trust has strengthened its approach to ensure that learning from incidents is shared and acted upon within the organisation. This helps us to ensure improvements are made in the delivery of patient focused care.

This year we will continue to roll out the overall safety priorities to ensure that they are embedded within the enlarged organisation. We will also continue to work together with our local partners and Commissioners to ensure that the local priorities and expectations of patients & families are recognised, supported and met.

None of this care would be possible without every member of staff, clinical and non-clinical, being committed to living the organisations values through the delivery of safe, effective and harm free care.

At times of great change for healthcare it continues to be my job to ensure that we have the strategies, culture and will to change for the better – keeping your safe care at the heart of all that we do.

I declare to the best of my knowledge that the information contained in this report is accurate.



Patrick Crowley
Chief Executive
27 May 2015

A handwritten signature in black ink, which appears to read 'P. Crowley'. The signature is fluid and cursive, with the first letter 'P' being particularly large and stylized.

Part 2: Priorities for improvement and statements of assurance from the Board

The Trust described a number of priorities that it would report on in this quality report these include:

Patient Safety

- We would improve the care of acutely ill and deteriorating patients
- We said we would reduce harm to patients
- We would improve infection prevention and control

Clinical Effectiveness and outcomes

- We said we would monitor the prevalence of pressure ulcers
- We said we would improve the monitoring of critical medicines and antimicrobials
- We said we would reduce our mortality rates

Patient Experience

- We said we would expand systems for patients to provide feedback and respond to that feedback
- We said we would enhance supported discharge for patients following a stroke
- We said we would improve excellence in end of life care

More detail around our achievements can be found later in this report.

Additionally the Trust has in place a number of key strategies that provide improvements to the quality of care received by patients these key strategies are as follows:

Patient Safety Strategy

- Improving our culture of patient centred care and safety
- Consistent care 24 hours 7 days a week
- Reducing mortality and improving mortality indicators
- Continued focus on the deteriorating patient
- Excellence in end of life care
- Tighter attention to infection prevention as an integral part of safe care
- Introduction of electronic prescribing and medicines administration.

Quality of Care

- Greater inclusion of Matrons in the delivery of the infection prevention and control agenda
- Replacement of nursing care indicators with an early warning trigger tool and nursing dashboard

- Review all statutory and mandatory training for nurses and midwives
- Implementing the safer staffing project

Quality of the environment

- Prioritisation of the backlog maintenance and capital investment programme
- Establish a 24 hour 7 day a week building management monitoring system
- Complete Carbon Energy fund project at York
- Review patient catering on all sites
- Continue to develop local sourcing of fresh ingredients to support central production unit
- Ensure the environment is clean and meets regulatory standards as a minimum
- Complete new car park at Scarborough
- Review parking provision at Bridlington
- Develop the security officer role to maximise the benefit of this service
- Introduce an automated switchboard at Scarborough
- Work with Harrogate to ensure managed transfer of community equipment

We describe later in this report the key achievements that have been made in implementing these strategies during the year.

Recognising Excellence

The Trust's Star Award is a monthly award presented to staff that go above and beyond the call of duty in the development or delivery of their services to improve patient care. It is awarded to teams or individuals and teams have made a real difference by:


- improving patients' experience and/or safety
- living the values and beliefs of the organisation
- going the extra mile within or outside of the everyday workload
- demonstrating efficiency and value for money

The Trust also holds an annual awards ceremony to recognise and reward individual and team key achievements and innovative ways of delivering great care. The award categories and winners for 2014 are detailed below:

Living Our Values	Awarded to an Advanced Nurse Practitioner within the Orthopaedic Clinic at York Hospital who was nominated for their excellent service to patients in the arthroscopy clinic and fracture clinic.
Unsung Hero	Awarded to a Staff Nurse in the ITU at Scarborough Hospital for their care and compassion nursing a patient at the end of their life, making sure the patient was treated with care, dignity and respect.
Good Citizenship	Awarded to a Staff Nurse on Abbey Ward at Whitby Hospital who, while off duty, helped a member of the public who got in to

	difficulty in the sea. They gave CPR to the person saving their life.
Volunteer of the Year	Awarded to a Volunteer Dining Companion on Ward 37 at York Hospital for assisting patients and helping at mealtimes.
Enhancing Systems and Services	Awarded to a Team Leader in Stroke Physiotherapy at York Hospital for developing and implementing a new support discharge service for stroke patients.
Efficiency Award	Awarded to the Selby Community Midwives who changed the way post natal women and their babies are seen following discharge allowing clients to spend more time with their midwife.
Excellence in Patient Experience	Awarded to a multi-disciplinary team for their work ensuring a patient with learning disabilities and a profound fear of hospitals was reassured and treated.
Patient Safety Award	Awarded to a Consultant in Emergency Medicine in recognition of their work in the care of patients with sepsis, providing clinical leadership and training colleagues in the identification and management of sepsis.
Patients Award	Awarded to a Specialist Rehabilitation Physiotherapist at York Hospital who provided support to a patient and their family following amputation surgery.
Governor's Award	Awarded to a Midwife in Scarborough and Whitby, who became Infant Feeding Coordinator and has helped the Trust achieve Stage 2 accreditation of the UNICEF Baby Friendly Initiative.
Nursing Leadership Award	Awarded to the Ward Sister of Ann Wright Ward at Scarborough Hospital.
Chairman's Award	Awarded to the Assistant Director of Planning and Strategy at York Hospital.
Chief Executive's Award	Awarded to Consultant Physician and Deputy Medical Director - Education.
Lifetime Achiever Award	Awarded to the Head of Corporate Finance at York Hospital.

National Awards

Awarding Body	Winners
	The award recognises 40 of the best performing CHKS client trusts across the UK. The 40 Top Awards are based on the evaluation of 22 indicators of clinical effectiveness, health outcomes, efficiency, patient experience and quality of care.
Health Care Supply Association	Don Greenslade Award for Emerging Talent, awarded to a Specialist Procurement Officer at York Hospital in recognition of commitment to developing a career in health care purchasing and supply.

	<p>William E Schall Award for Excellence in Medical Technologies awarded to a Medical Engineer at Scarborough Hospital as the graduate who made the best contribution while studying the Medical Technologies Foundation Degree course.</p>
	<p>Best Project Manager award was presented to the Energy Manager at York Hospital for his management of the project. This is an important project for the Trust and the project saved 3,000 tonnes of carbon emissions which has meant a monetary saving of £848,000.</p>
<p>NHS Regional Leadership Recognition Awards 2014</p>	<p>Development Champion of the Year was awarded to a Directorate Manager based in York Hospital</p>

Local Awards

Awarded By	Winners
<p>Training Journal Awards</p>	<p>Awarded to the Yorkshire and Humber Shared Haemodialysis Care Team who achieved the gold award in the Best Public Sector category and silver in the Best Training Partnership category. The Team received the award for a specially designed training course for nurses to support patients undergoing dialysis in hospital.</p>
<p>Yorkshire and Humber NHS Innovation Awards and Showcase</p>	<p>Awarded to the Cancer Care Manager at York Hospital in the Secondary Care category for the development of a programme that helps patients after they have concluded their treatment.</p>
<p>Heartbeat Appeal Cardiac Charity</p>	<p>Awarded to a Cardiac Physiologist at York Hospital in recognition of their work with patients who are having their heart rate monitoring with specialist equipment.</p>

Part 2 – In More Detail Performance for the last 12 months

Our performance against the quality and safety priorities from York Teaching Hospital NHS Foundation Trust's 2014-15 quality report is shown below.

Key	Green	Achieved	Amber	Partially Achieved	Red	Not Achieved
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Green =The target specified has been achieved
 Amber =More than 50% progress towards meeting the target has been made
 Red =Less than 50% progress has been made towards achieving the target

Priorities from 2014/ 15

What did we say we would do about improving patient safety, we said:	
<p>We would improve the care of acutely ill and deteriorating patients</p> <p>By the end of March 2015, we said we would ensure that:</p> <p>80% of all acute medical, elderly medical and orthogeriatric patients will be reviewed by a consultant within 12 hours of admission, with a view to continuous improvement aligned with the Royal College of Physician' guidance.</p> <p>The National Early Warning System (NEWS) for early identification and escalation of deteriorating patient is being used effectively on all general adult acute hospital wards and a modified version has been designed and introduced in community hospitals.</p> <p>We have re-designed and tested the modified clinical pathway of care for patients with severe sepsis at both acute hospital sites.</p>	
How did we do	
<ul style="list-style-type: none"> 80% of all acute medical, elderly medical and orthgeriatric patients will be reviewed by a consultant within 12 hours of admission, with a view to continuous improvement aligned with the Royal College of Physician' guidance (Performance in Scarborough –At the end of March 15 only 60% of patients received a senior review within 12 hours). 	<p>GREEN – York</p> <p>RED – Scarborough</p>
<ul style="list-style-type: none"> The National Early Warning System (NEWS) for early identification and escalation of deteriorating patients is being used effectively on all general adult acute hospital wards and a modified version has been designed and introduced in community hospitals. 	GREEN
<ul style="list-style-type: none"> We have re-designed and tested the modified clinical pathway of care for patients with severe sepsis at both acute hospital sites. 	GREEN

We would reduce harm to patients

By the end of March 2015, we said we would ensure that:

Over 90% of patients acutely admitted with delirium or dementia aged 75 years or over have a dementia specific assessment and are referred for further diagnostic advice and specialist treatments on all our hospital sites.

We consistently achieve 100% compliance with the use of the WHO surgical safety checklist.

The Trust has established a standardised approach to assessment and interventions for patients at risk of falling in hospital and we will aim to achieve a 30% reduction in the number of patients who suffer serious injury following a fall in hospital.

How did we do

<ul style="list-style-type: none">Over 90% of patients acutely admitted with delirium or dementia aged 75 years or over have a dementia specific assessment and are referred for further diagnostic advice and specialist treatments on all our hospital sites.	AMBER
<ul style="list-style-type: none">We consistently achieve 100% compliance with the use of the WHO surgical safety checklist.	GREEN
<ul style="list-style-type: none">The Trust has established a standardised approach to assessment and interventions for patients at risk of falling in hospital and we will aim to achieve a 30% reduction in the number of patients who suffer serious injury following a fall in hospital.	GREEN

We would improve infection prevention and control

By the end of March 2015, we will ensure that:

We continue to monitor and benchmark rates of infection to ensure that we have the lowest possible incidence of infection. Specifically for C. diff, we will have less than 60 cases.

How did we do

<ul style="list-style-type: none">CDI incidence on trajectory at 59 cases. Antimicrobial prescribing in terms of indication and duration improving with average compliance at 80-85% . Next stage is to initiate a review of prescriptions at 48hrs to assess need and appropriateness of choice of antibiotic. Proactive HPV (high level disinfection) programme in place on both acute sites. Probiotics prescribed for those over age 65.	GREEN
<ul style="list-style-type: none">MRSA Bacteraemia below the de minimus limit of 6 with 2 cases, one being appealed.	GREEN

- MSSA incidence at 55 cases against a trajectory of 30. Presence of intravenous devices a recurring theme. Actions to improve focussing on insertion and on-going care practices include: electronic documentation via CPD to facilitate tracking and audit, Aseptic Non Touch Technique (ANTT) e-learning package procured that will be integral to Statutory & Mandatory training, Executive Board being asked to support 1) Funding to enable ANTT expert training workshops to develop/enhance staff competency 2) Funding to procure optimum skin antiseptic for use pre insertion of IV cannula. IV Specialist Nurse role now in place on both acute site.

RED

What else have we done to improve patient safety in the Trust:

- we revised, re-launched and re-trained staff in the efficient use of the WHO hand hygiene audit tool to ensure effective hand hygiene in particular at the point of care
- we implemented surveillance of Catheter Associated Urinary Tract Infections
- we revised the Post Infection Review (PIR) process to enable identification of lapses in care and improve clinician engagement
- we implemented a Directorate Assurance framework to evaluate compliance with the Hygiene Code and Trust Infection Prevention (IP) Policy
- we re-aligned Infection Prevention with the Quality and Safety agenda
- we joined the national Sign Up to Safety campaign
- we following a detailed review of Scarborough Obstetric Services and implemented changes
- we reported no Never Events during the year
- we completed the work around the foundations of electronic prescribing and medicines administration system and developed a plan for clinical roll out to commence in January 2016
- We have strengthened learning from adverse incidents
- we have partially implemented a liaison Psychiatry Service including a persistence presence in our Emergency Department
- we have made changes to our Clinical Patient Database system at Scarborough
- we have established a safe, dedicated elective orthopaedic service at Bridlington
- we have increased the number of security staff on our sites

<ul style="list-style-type: none"> • we have reviewed the Statutory and Mandatory training material used for all staff • we measure our nurse staffing levels every month and report them to the Board of Directors 	
What did we say we would do about improving clinical effectiveness and outcomes, we said:	
We would monitor the prevalence of pressure ulcers By the end of March 2015, we will ensure that: We report the prevalence of patients in our care who have a category 2-4 pressure ulcer (old or new) as measured using the Safety Thermometer tool and aim to reduce the development of pressure ulcers by 20%. We learn from pressure ulcer development by reporting all category 3 and 4 pressure ulcers as Serious Incidents.	
How did we do	
<ul style="list-style-type: none"> • We report the prevalence of patents in our care who have a category 2-4 pressure ulcer (old or new) as measured using the Safety Thermometer tool and aim to reduce the development of pressure ulcers by 20%. 	GREEN
<ul style="list-style-type: none"> • We learn from pressure ulcers development by reporting all category 3 and 4 pressure ulcers as Serious Incidents. 	GREEN
We would improve the monitoring of critical medicines and antimicrobials By the end of March 2015 , we will ensure that: We refine our systems for monitoring incidents associated with critical medicines; specifically to reduce the degree of harm from such incidents and to reduce the frequency of missed doses and/or incorrect prescribing and administration. We will monitor the prescription of antimicrobials; specifically the indications for the prescription and the review dates and achieve 100% compliance with the antimicrobial prescribing policy.	
How did we do	
<ul style="list-style-type: none"> • We refine our systems for monitoring incidents associated with critical medicines; specifically to reduce the degree of harm from such incidents and to reduce the frequency of missed doses and/or incorrect prescribing and administration. 	GREEN

<ul style="list-style-type: none"> We will monitor the prescription of antimicrobials; specifically the indicators for the prescription and the review dates and achieve 100% compliance with antimicrobial prescribing policy. 	AMBER
<p>We would reduce our mortality rates</p> <p>By the end of March 2015, we will ensure that:</p> <p>We continue the consultant led, systematic review of all in-patient deaths in the acute and community hospitals.</p> <p>We continue to reduce the SHMI, aiming to achieve 95 on both acute hospital sites.</p> <p>We continue to work towards achieving an overall HSMR of 100 or less.</p>	
How did we do	
<ul style="list-style-type: none"> We continue the consultant led systematic review of all in-patient deaths in the acute and community hospitals. 	GREEN
<ul style="list-style-type: none"> We continue to reduce the SHMI, aiming to achieve 95 on both acute hospital sites. 	RED
<ul style="list-style-type: none"> We continue to work towards achieving an overall HSMR of 100 or less. 	RED
<p>What else have we done to improve clinical effectiveness and outcomes:</p> <ul style="list-style-type: none"> we achieved improved compliance with antimicrobial prescribing standards we achieved high rates of compliance with national audits, NCEPOD and NICE guidelines we saw high levels of patient satisfaction reported via PROMs we have reduced the incidence of VTE events related to healthcare associated harm we implemented the Early Warning Trigger Tool (EWTT) early in the year and report to the Board on as part of regular reporting we opened a self-managed renal unit in Harrogate Hospital as a satellite unit 	

What did we say we would do about improving patient experience, we said:	
<p>We would expand the systems for patients to provide feedback on care and treatment received (using the Family and Friends Test)</p> <p>By the end of March 2015, we will ensure that:</p> <p>Systems for delivery of the Family and Friends Test in nationally designated areas have been established throughout the acute Trust sites (excluding Paediatrics).</p> <p>The Trust net promoter score has achieved a rate of 65.</p> <p>We will increase the overall participation rates for acute in-patients to 50%.</p> <p>We will implement systems for collection of feedback in Outpatients, Day Case Services and Community Hospitals and Community Services.</p>	
How did we do	
<ul style="list-style-type: none"> Systems for delivery of the Family and Friends Test in nationally designated areas have been established throughout the acute Trust sites (excluding Paediatrics). 	GREEN
<ul style="list-style-type: none"> The Trust net promoter score has achieved a rate of 65. 	GREEN
<ul style="list-style-type: none"> We will increase the overall participation rates for acute in-patients to 50%. 	GREEN
<ul style="list-style-type: none"> We will implement systems for collection of feedback in Outpatients, Day Case Services and Community Hospitals and Community Services. 	GREEN
<p>We would respond to patient feedback</p> <p>By the end of March 2015, we will ensure that:</p> <p>We will implement systems for collection of feedback in Outpatients, Day Case Services and Community Hospitals and Community Services.</p>	
How did we do	
<ul style="list-style-type: none"> We will implement systems for collection of feedback in Outpatients, Day Case Services and community hospitals and community services. 	GREEN
<p>We would enhance supported discharge for patients following a stroke</p> <p>By the end of March 2015, we will ensure that:</p> <ul style="list-style-type: none"> 90% of patients discharged from our hospitals following a stroke will have a newly developed enhanced supported discharge pathway. 	

How did we do	
<ul style="list-style-type: none"> 90% of patients discharged from our hospitals following a stroke will have a newly developed enhanced supported discharge pathway. 	GREEN
<p>We would improve excellence in end of life care</p> <p>By the end of March 2015, we will ensure that:</p> <p>All patients have appropriate, inclusive and well documented Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decision making.</p> <p>All patients have appropriate and agreed ceiling of care decision making, detailing treatment options as appropriate to the patient including whether or not to transfer to a higher level of care or the application of a "Do Not Attempt Cardiopulmonary Resuscitation" (DNACPR) Order.</p>	
How did we do	
<ul style="list-style-type: none"> All patients have appropriate, inclusive and well documented Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decision making. 	AMBER
<ul style="list-style-type: none"> All patients have appropriate and agreed ceiling of care decision making, detailing treatment options as appropriate to the patient including whether or not to transfer to a higher level of care or the application of a "Do Not Attempt Cardiopulmonary Resuscitation" (DNA CPR) Order. 	AMBER
<p>What else did we do to improve patient experience:</p> <ul style="list-style-type: none"> we have begun implementation of a new End of Life care plan we have been educating staff to improve compliance with DNACPR we have provided training on the Mental Health Act and Deprivation of Liberty Standards to staff we provided training and implemented the new Duty of Candour The catering review is complete and a Catering Strategy is currently being prepared. Cook/chill preparation of meals is now being rolled out in Scarborough and Bridlington sites. Sourcing of local, fresh ingredients continues to be a priority and has been included in the Food and Drink Strategy. <p>The new Patient and Visitor car park at Scarborough is now complete and parking bays at Bridlington Hospital have been remarked and the lighting and security has been</p>	

upgraded.

The automatic switchboard has been installed at Scarborough Hospital and the roll out project is almost complete.

Additional Information

Prioritisation of the backlog maintenance and capital investment programme.	Fire risk assessments are being carried out, this is a continual on-going process. Fire compartmentation of the high risk areas at York Hospital has been completed and the Trust is now working through the medium risk areas.
Establish a 24 hour 7 day a week building management monitoring system.	The first step of this project is to standardise the two BMS systems, this will be completed by April 2015.
Complete Carbon Energy Fund project at York.	This is now complete at York Hospital. The Board has now approved the Scarborough and Bridlington Carbon Energy Fund.
Work with Harrogate Foundation Trust to ensure a managed transfer of community equipment.	A business case has been prepared and negotiations are presently taking place by the Finance Departments of both York Teaching Hospital NHS Foundation Trust and Harrogate Foundation Trust.

Progress against previous initiatives

Each year the Trust is required to publish a Quality Report which includes a list of priorities. Over the years, there have been occasions when the Trust has not managed to achieve the set priority. Listed below are the priorities that were not achieved in the past and have not been included in further reports.

Prescribing and administration of medicine errors – In 2011/12 and 2012/13 we said we would reduce missed doses of critical medicines by 20%. We did not achieve the priority at that time. Since last reporting we have continued to work hard on reducing missed doses and can now report that we had less than 2% of missed doses of critical medicines during the year. Our Medicines Management Strategy states missed doses of critical medicines should be below 2% during the year. To support continued delivery of this priority the Trust is introducing an electronic prescribing and administration system during 2015/16.

Patient Experience measures – While the Trust would always seek a reduction in complaints where poor attitude is experienced by patients, our value of being an organisation that listens in order to improve encourages patients and their relatives to feedback about their experiences of our services. We will be, during 2015, introducing a patient experience strategy called *Your Experiences Matter*. A key focus of that strategy is to listen to, and involve our patients and learn and improve from feedback we receive from

patients. We are therefore not unduly concerned that we did not achieve the aim to reduce the number of complaints received about staff attitude.

During 2014/15 we introduced a board in all wards that displays patient's views on how we are doing. This board uses information from The Friends and Family Test, PALS, Complaints and other mechanisms. It is designed to feedback to patients, visitors and staff about how an area is doing from their perspective. It also demonstrates to patients, visitors and staff where we have made improvements following comments and observations from individuals.

Looking forward to 2015/16

The rationale for the selection of the priorities is from a number of different sources including:

- The results of the National Patient Survey
- The Trust's Patient Safety Strategy
- Informal and formal feedback from patients to the Patient Experience Team
- The agreement with the commissioners on the priorities included in the Commissioning for Quality and Innovation
- The Patient Forum discussions

Priorities for the Trust - Quality and Safety for 2015/16

Patient Safety

Improving care of acutely ill and deteriorating patients	By the End of March 2016, we will ensure that:
	<ul style="list-style-type: none"> • The Post-Take Ward Round Checklist is embedded for all acute medicine, elderly and acute surgery inpatients.
	<ul style="list-style-type: none"> • 90% of patients admitted urgently with a major risk factor for Acute Kidney Injury (AKI) will have recorded in their discharge summary: stage of AKI, medicines review and type and list of blood samples required for monitoring.
Reducing harm to patients	<ul style="list-style-type: none"> • 90% of patients with severe sepsis will have antibiotics initiated within one hour of presentation. • Patients have a review by a senior doctor within 14 hours of arrival to the Medical Admissions Unit.
	By the End of March 2016, we will ensure that:
	<ul style="list-style-type: none"> • Over 90% of patients (aged 75 years and over) acutely admitted with delirium or dementia, have a dementia specific assessment and are referred for further diagnostic advice and specialist treatments on all our hospital sites. In addition we will ensure that carers of

	people with dementia and delirium feel adequately supported.
	<ul style="list-style-type: none"> In theatre, the surgical safety checks include a team safety briefing at the beginning of the operating list and a STOP at the point of knife to skin.
	<ul style="list-style-type: none"> We reduce serious injury to patients following a fall in hospital by a further 20%. We enhance supported discharge for patients following a stroke.
Infection prevention and control	<ul style="list-style-type: none"> We continue, through effective audit/surveillance and Post Infection Review (PIR) to monitor and benchmark rates of Healthcare Associated infection aiming to demonstrate a continual reduction below the national mean. We improve practice in relation to invasive device management through enhanced and specific education and training initiatives (ANTT, Device management role).
Clinical Effectiveness and Outcomes	
Monitoring the prevalence of pressure ulcers	By the End of March 2016, we will ensure that:
	<ul style="list-style-type: none"> We report the prevalence of patients in our care who have a category 2-4 pressure ulcer (old or new) as measured using the Safety Thermometer tool and aim to maintain the prevalence in line with the national benchmark. We continue to learn from pressure ulcer development by reporting all category 3 and 4 pressure ulcers as Serious Incidents and aim to reduce the incidence by 20%.
Monitoring critical medicines and antimicrobials	By the End of March 2016, we will ensure that:
	<ul style="list-style-type: none"> We will monitor the prescription of antimicrobials; specifically the indications for the prescription and the review dates and improve compliance with the antimicrobial prescribing policy. We will monitor and reduce the number of missed doses and the frequency of prescribing errors by 20%. We will have designed and tested processes for implementation of EPMA throughout the Trust.
Reduction in mortality rates	By the End of March 2016, we will ensure that:
	<ul style="list-style-type: none"> We continue the consultant led, systematic review of all in-patient deaths in the acute hospital and GP led review in our community hospitals.

	<ul style="list-style-type: none"> We continue to work towards achieving a SHMI of less than 100 for both acute hospital sites.
	<ul style="list-style-type: none"> We continue to work towards achieving an overall HSMR of 100 or less.
Patient Experience	
Expanding systems for patients to provide feedback on care and treatment received	By the End of March 2016, we will ensure that:
	<ul style="list-style-type: none"> The Trust will develop and launch a Patient Experience Strategy
	<ul style="list-style-type: none"> Across the Trust the Friends and Family Test will achieve a 90%+ score for patients reporting that they would recommend the Trust to their Friends and Family if they needed similar care or treatment.
	<ul style="list-style-type: none"> 'Knowing How We Are Doing Boards' will be rolled out to all wards and departments across the Trust and reviewed on a rolling quarterly basis. Working with individual directorates we will provide local information reports to improve the patient experience.
Excellence in end of life care	By the End of March 2016, we will ensure that:
	<ul style="list-style-type: none"> We are achieving best practice standards with end of life care. All patients have appropriate and inclusive DNACPR decision making.
What else will we aim to do	
<ul style="list-style-type: none"> we are currently undertaking a project with Matrons and colleagues on the Infection Prevention and Control Team to develop plans to deliver the Infection Prevention and Control agenda, deciding on how to best work collaboratively and build on the initial preparatory work that was undertaken we are developing a Catering Strategy to be used in the Trust later in the year. we were not successful in making sure all patients had appropriate, inclusive and well documented Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decision making, we will continue to work on improving this position during the year and report in the next Quality Report we were not successful in making sure all patients had appropriate and agreed ceiling of care decision making, detailing treatment options as appropriate to the patient including whether or not to transfer to a higher level of care or the application of a "Do Not Attempt Cardiopulmonary Resuscitation" (DNACPR) Order. We will continue to work on improving this position during the year and report in the next Quality Report 	

- we were not successful in continuing to reduce the SHMI, aiming to achieve 95 on both acute hospital sites. We will continue to work towards this priority during the year and report in the next Quality Report
- we were not successful in achieving an overall HSMR of 100 or less. We will continue to work towards this priority during the year and report in the next Quality Report
- we have made significant progress in this area, but did not achieve the target of 100% compliance with the antimicrobial prescribing policy. We continue to see this as a high priority and will continue to work to achieve the target. We will report progress in the next Quality Report.

Part 3 – Regulatory Requirements and Assurance from the Board

Statement of assurance from the Board of Directors

The Regulations

The Government introduced a specific set of regulations that Foundation Trusts are required to address as part of the Quality Report. These requirements are included in the assurance statements made by the Board of Directors.

Assurance from the Board

During 2014/15 the York Teaching Hospital NHS Foundation Trust provided and/or sub-contracted 36 relevant health services.

The Board of Directors and Council of Governors have during the year reviewed data related to the quality of care. The Board of Directors at every meeting receives details from the Medical Director and/or Chief Nurse on the quality of care in the organisation. The Council of Governors have access to that information and receive regular presentations on quality at their meetings held in public. The York Teaching Hospital NHS Foundation Trust has reviewed all the data available to them on the quality of care in 36 of these relevant health services.

The income generated by the relevant health services reviewed in 2014/15 represents 100 percent of the total income generated from the provision of NHS services by York Teaching Hospital NHS Foundation Trust. The income generated has been received from services commissioned by Clinical Commissioning Groups, NHS England, and the Local Authorities.

Commissioning for Quality and Innovation Payment Framework (CQUIN)

A proportion of York Teaching Hospital NHS Foundation Trust income in 2014/15 was conditional upon achieving quality improvement and innovation goals agreed between York Teaching Hospital NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework (CQUIN).

The financial value of the scheme is set at 2.5% of all healthcare services commissioned through the NHS Standard Contract, excluding high cost drugs, devices and listed procedures. 0.5% of overall contract value is linked to the national CQUIN goals and 2.0% is linked to local indicators. The value locally is £7,500,000.

The CQUIN goals are managed through our internal processes and cover a significant number of areas. They fall into three areas:

National - Friends and Family Test, NHS Safety Thermometer, Dementia.

Local –Sepsis care bundle, falls, pressure ulcers prevention and management, Care of the Deteriorating Patient – senior review 12-hrs - Scarborough , Care of the Deteriorating Patient – senior review 12-hrs – York, Stroke - ESD in Scarborough, Stroke - ESD in York, Medicines Management,

Specialist - Improved access to breast milk in preterm infants, % increase in patients enrolled in clinical trials, Rehab after critical care - York Hospital, Adult Critical Care (specialist dashboard).

At the time of writing this report the Trust had agreed payment with the Commissioners for CQUINS. Further details of the agreed goals for 2014/15 and for the following 12 month period are available electronically at www.yorkhospitals.nhs.uk . The CQUIN is reported to the Board of Directors on a monthly basis and can be found as part of the Board papers.

The 2013/14 value of the CQUIN was set at 2.5% of the contract value. The value locally was £9,000,000.

Care Quality Commission

York Teaching Hospital NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is 'Registered without conditions'.

The Care Quality Commission has not taken enforcement action against York Teaching Hospital NHS Foundation Trust during 2014/15.

York Teaching Hospital NHS Foundation Trust has not participated in any special reviews by the Care Quality Commission during the reporting period. The Trust was subject to a Care Quality Commission inspection over three days 17-20 March 2015. At the time of writing this report the Trust had not received the final report.

A further unannounced inspection took place on 30-31 March 2015. This was part of the full inspection.

The Care Quality Commission has not taken enforcement action against York Teaching Hospital NHS Foundation Trust during 2014/15

York Teaching Hospital NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Statement of Directors' Responsibilities in Respect of the Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS Foundation Trust Boards on the form and content of Annual Quality Reports and on the arrangements that Foundation Trust Boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the Quality Report, Directors are required to take steps to satisfy themselves that:

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Report Manual 2014-15
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2014 to May 2015
 - Papers relating to the Quality Report to the Board over the period April 2014 to May 2015
 - Feedback from commissioners dated May 2015
 - Feedback from Healthwatch York dated May 2014/5
 - Feedback from Healthwatch North Yorkshire dated May 2015
 - Feedback from governors dated May 2015
 - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2015
 - The national patient survey dated April 2015
 - The national staff survey dated March 2015
 - The Head of Internal Audit's annual opinion over the Trust's control environment dated May 2015
 - CQC quality and risk profiles dated May 2015
- The Quality Report presents a balanced picture of the York Teaching Hospital NHS Foundation Trust's performance over the period covered;
- The performance information reported in the Quality Report is reliable and accurate;

- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor-nhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/openTKFile.php?id=3275)/.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board



..... Chairman



..... Chief Executive

Data Quality

York Teaching Hospital NHS Foundation Trust submitted records during 2014/15 to secondary user service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The Trust continually strives to improve its data quality by constantly reviewing the data in conjunction with clinical and operational teams and its main commissioners. This may result in changes to systems and processes.

The percentage of records in the published data which included a valid NHS number or a General Medicine Practice Code (data for April 2014 to February 2015) were:

Valid NHS Number	
Admitted patient care	99.7%
Outpatient care	99.9%
Accident and emergency	97.1%
Valid General Medical Practice	
Admitted patient care	99.7%
Outpatient care	99.9%
Accident and emergency	97.9%

Information Governance

York Teaching Hospital NHS Foundation Trust Information Governance Assessment Report overall score for 2014/15 was 87% and was graded green from IGT grading scheme.

Payment by Results

York Teaching Hospital NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2014/15 by the Audit Commission.

Monitor Quality Governance Framework

Monitor introduced a 'Quality Governance Framework' in 2010-11. The Trust has undertaken an analysis against this framework and has assured itself that it is compliant with the framework. The Trust has developed an action plan to support development against the framework.

Part 4 – Clinical Audit

National Clinical Audits and National Confidential Enquiries

Financial Year 2014/15 – Trust

- During 2014/15 **51** national clinical audits and **4** national confidential enquiries covered relevant health services that York Teaching Hospital NHS Foundation Trust (Trust) provides.
- February 2015 - Not due to start / Removed from 2014/15 = **9**. As at 31/03/2015 York Teaching Hospital NHS Foundation Trust (Trust) is participating in **98%** (41/42) of national clinical audits that have started and 100% (4/4) national confidential enquiries.
- There are issues with **1** National Quality Account audit at Trust (See No. 2 in Table 1).
- The national clinical audits that York Teaching Hospital NHS Foundation Trust (Trust) was eligible to participate in during 2014/15 are shown in Table 1.
- The national clinical audits that York Teaching Hospital NHS Foundation Trust (Trust) is participating in during 2014/15 are as shown in Table 1.
- The reports of **19** national clinical audits were reviewed by the Trust in 2014/15.
- The reports of **221** local clinical audits were reviewed by the Trust in 2014/15.

Table 1 - National Audits and National Confidential Enquiries

Table 1 below shows the percentage of audit cases submitted against required number of cases if a report was received in 2014/15.

Where comment states “data collection not completed”, this means that the audit was still on-going at the end of March 2015 and data collection was not due to be completed within the 2014/15 time period covered by the Quality Report.

Where the table indicates “DNP”, the Trust did not participate in the audit during 2014/15.

NCAPOP

NCAPOP (National Clinical Audit and Patient Outcomes Programme) is a set of national clinical audits, registries and outcome review programmes which measure healthcare practice on specific conditions against accepted standards. These projects give healthcare provider's benchmarked reports on their performance, with the aim of improving the care provided.

In line with the NHS standard contract, all Trusts or Units delivering care should participate in the relevant national clinical audit.

The Trust participated in 100% of mandatory (NCAPOP) audits and 94% of non-mandatory audits.

Clinical Standards Group

The Clinical Standards Group continues to monitor participation in national audits and plans are in place to ensure full participation in all audits for which the Trust is eligible in 2015/16.

Table 1

No.	Audit Title	NCAPOP	York	Scarborough	Year of data & report published	Comments
1	MINAP - Acute coronary syndrome or Acute myocardial infarction	Yes	100%	0%	13/14 Data published in 14/15	SGH collecting data for 14/15
						14/15 data to be submitted by May 2015
						14/15 report to be published December 2015
2	Adherence to British Society for Clinical Neurophysiology (BSCN) and Association of Neurophysiological Scientists (ANS) Standards for Ulnar Neuropathy at Elbow (UNE) testing	No	DNP	Not Applicable	N/A	14/15 data collection ended April 2014
						Queried details of audit with national team - no response received
3	BTS - Adult Bronchiectasis - HQIP removed from 2014/15 Quality Accounts					
4	ACS - Adult cardiac surgery audit - Not Applicable					
5	BTS - Adult Community acquired pneumonia	No	Participating	Participating	14/15 Data	14/15 data to be submitted by May 2015
						14/15 report to be published – TBC
6	ICNARC CMP - Adult critical care (Case Mix Programme)	No	100%	100%	13/14 Data published in 14/15	14/15 data to be submitted by TBC
7	National Bowel Cancer Audit (NBOCAP)	Yes	95%	97%	13/14 Data published in 14/15	Data to be validated before submission
						14/15 data to be submitted by October 2015
						14/15 report to be published late Autumn 2016

No.	Audit Title	NCAPOP	York	Scarborough	Year of data & report published	Comments
8	NICOR - National Cardiac Rhythm Audit	Yes	100%	100%	13/14 Data published in 14/15	14/15 data to be submitted by June 2015
						14/15 report to be published December 2015
9	Chronic kidney disease in primary care - Not Applicable					
10	National COPD Audit Programme Part 1: Secondary Care.	Yes	90%	27%	Feb-April 2014 Data	YH entered all patients identified, 13 missed due to coding 2 months later. Low submission rate for SGH due to resource and coding issue.
10	National COPD Audit Programme Part 2: Chronic Obstructive Pulmonary Disease - Pulmonary Rehab	Yes	Participat ing	Participating	14/15 Data	14/15 data to be submitted by July 2015
						14/15 report to be published end of 2015 or early 2016
11	CHD - Congenital heart disease (Paediatric cardiac surgery) - Not Applicable					
12	NICOR - Coronary angioplasty (BCIS/PCI)	Yes	100%	Not Applicable	13/14 Data published in 14/15	14/15 data to be submitted by June 2015
						14/15 report to be published December 2015
13	NDA Diabetes (Adult) - National Pregnancy in Diabetes (NPID) Audit	Yes	100%	100%	Calendar year 2014 Data	Calendar year 2014 data to be submitted by 12 th February 2015
						Calendar year 2014 data report to be published October 2015
13	NDA Diabetes (Adult) - National Diabetes Inpatient Audit	Yes	100%	100%	2010/13 Data published in 14/15	National audit did not collect data for 13/14 & 14/15
						15/16 data to be submitted 21 st - 25 th September 2015

No.	Audit Title	NCAPOP	York	Scarborough	Year of data & report published	Comments
						15/16 data to be published June 2016
13	National Diabetes Core Audit	Yes	Participat ing	Participating	13/14 and 14/15 Data	Start collecting 13/14 data Jan- Mar 15
						Start Collecting 14/15 data May- Jun 15
						Report to be published 2016
13	NDA Diabetes (Adult) - National Diabetes Footcare	Yes	Participat ing	Participating	N/A	14/15 data to be submitted by July 2015
						14/15 report to be published March 2016
13	NDA Diabetes (Adult) - Patient Experience of Diabetes Care - Not Applicable					
14	National Paediatric Diabetes Audit (NPDA)	Yes	100%	100%	13/14 Data published in 14/15	14/15 data to be submitted by June 2015
						14/15 report to be published March 2016
15	PROMS National Elective Surgery - Hernia	No	81.2%		13/14 Data published in 14/15	Provisional % - will be finalised in August 2015. 14/15 will be finalised in August 2016
						National rate – 58.2%
15	PROMS National Elective Surgery - Hip	No	84%		13/14 Data published in 14/15	Provisional % - will be finalised in August 2015. 14/15 will be finalised in August 2016
						National rate – 86.6%
15	PROMS National Elective Surgery - Knee	No	100%		13/14 Data published in 14/15	Provisional % - will be finalised in August 2015. 14/15 will be finalised in August 2016
						National rate – 96.6%
15	PROMS National Elective Surgery - Varicose veins	No	29.4%		13/14 Data published in	Provisional % - will be finalised in August 2015. 14/15 will be

No.	Audit Title	NCAPOP	York	Scarborough	Year of data & report published	Comments
					14/15	finalised in August 2016
						National rate – 40.8%
16	National Childhood Epilepsy (12) Audit	Yes	100%	N/A	13/15 Data published in 14/15	National Audit website states N/A for SGH
17	FFFAP - Falls and Fragility Fractures Audit Programme (National Hip Fracture Database and Falls and bone Health audit merged)	Yes	100%	100%	13/14 Data published in 14/15	14/15 data to be submitted by May 2015
						14/15 report to be published December 2015
18	Familial hypercholesterolaemia (National Clinical Audit of Mgt of FH) Not Applicable					
19	Fitting Child (Care in the Emergency Department)	No	100%	100%	14/15 Data	14/15 data submitted January 2015
						14/15 report to be published Summer 2015
20	National Head and Neck Cancer Audit (DAHNO)	Yes	100%	100%	13/14 Data published in 14/15	14/15 data to be submitted by November 2015
						14/15 report to be published July 2016
21	NICOR - National Audit of Heart Failure	Yes	100%	0%	13/14 Data published in 14/15	SGH collecting 14/15 data
						14/15 data to be submitted by June 2015
						14/15 report to be published November 2015
22	IBD - Inflammatory bowel disease - Biologics	Yes	100%	100%	N/A	No end date for data submission
						14/15 report to be published September 2016
22	IBD - Inflammatory bowel disease – Inpatients - HQIP removed from 2014/15 Quality Accounts					

No.	Audit Title	NCAPOP	York	Scarborough	Year of data & report published	Comments
23	National Lung Cancer Audit - LUCADA (NLCA)	Yes	101%	109%	N/A	Unknown when data submission ends and report will be available due to National Audit moving from HSCIC to Royal College Jan 2015
24	MBRRACE - UK - Maternal, infant and newborn clinical outcome review programme	Yes	100%	100%	09/12 Data published in 14/15	First 6 months of 15 data to be submitted by Jan 16 11/13 report to be published in 2015
25	NCEPOD018 Tracheostomy	Yes	100%		12/14 Data published in 14/15	-
25	NCEPOD019 Lower Limb Amputation	Yes	100%		12/13 Data published in 14/15	-
25	NCEPOD020 Gastrointestinal Haemorrhage	Yes	63%		12/14	Unable to access 2 sets of casenotes. 1 set of casenotes booked to Dr near end of deadline but only the questionnaire returned. 12/14 data report to be published July 2015
25	NCEPOD021 Sepsis	Yes	Participating		N/A	Data collection not complete for 14/15 Data to be submitted by 7 th April 2015 Report to be published November 2015
26	Mental Health (Care in the Emergency Department)	No	100%	100%	14/15 Data	14/15 data submitted January 2015

No.	Audit Title	NCAPOP	York	Scarborough	Year of data & report published	Comments
						14/15 report to be published Summer 2015
27	NCISH - Mental Health programme: National Confidential Inquiry into Suicide and Homicide for people with Mental Illness - Not Applicable					
28	NAD - National Audit of Dementia	Yes	Not due to start	Not due to start	N/A	Data collection starts April 2016
29	National Audit of Intermediate Care	No	100%	Not Applicable	N/A	Data to be submitted 4 th May – 24 th July 2015
						May-August 2014 data report to be published November 2015
30	NASH - National Audit of Seizure Management - HQIP removed from 2014/15 Quality Accounts					
31	NCAA - National Cardiac Arrest Audit	No	38%	90%	14/15 Data	Started participating 2014/15
						14/15 data to be submitted by May 2015
						14/15 report to be published August 2015
32	National Comparative Audit of Blood Transfusion Programme	No	100%	100%	13/14 Data published 14/15	14/15 data to be submitted by TBC
						14/15 report to be published October 2015
33	NELA - National Emergency Laparotomy Audit	Yes	100%	100%	2013 Data published in 14/15	2013 Organisational Survey Round 1
						Data collection started December 2014for Round 2
						14/15 data to be submitted by TBC

No.	Audit Title	NCAPOP	York	Scarborough	Year of data & report published	Comments
						14/15 report to be published July 2015
34	NJR - National Joint Registry	Yes	86%	100%	13/14 Data published in 14/15	YH – Linkability: Proportion of records which include a valid NHS No. compared with the number recorded on the NJR
						14/15 data to be submitted by April 2015
						14/15 report to be published September 2015
35	NVR - National Vascular Registry, including CIA and elements of NVD	Yes	100%	Not Applicable	12/13 Data published in 14/15	13/14 data to be submitted by May 2015
						13/14 report to be published November 2015
36	NNAP – National Neonatal Audit Programme	Yes	100%	100%	2013 Data published in 14/15	2014 data to be submitted by TBC
						2014 report to be published September 2015
37	NIV Non-Invasive Ventilation Audit – Adults - HQIP removed from 2014/15 Quality Accounts					
8	NAOGC – National Audit of Oesophago-Gastric Cancer	Yes	100%	100%	12/13 Data published in 14/15	13/14 data to be submitted by October 2015
						13/14 report to be published November 2015
39	Older People (Care in the Emergency Department)	No	100%	100%	14/15 Data	14/15 data submitted January 2015
						14/15 report to be published Summer 2015
40	National Ophthalmology Audit	Yes	Not due to start	Not due to start	N/A	Start date not published

No.	Audit Title	NCAPOP	York	Scarborough	Year of data & report published	Comments
41	PICANet Paediatric intensive care - Not Applicable					
42	BTS Paediatric Pneumonia - HQIP removed from 2014/15 Quality Accounts					
43	UK Parkinson's Audit	No	Not due to start	Not due to start	N/A	Data collection starts 30/04/15
						Data to be submitted by September 2015
						Report to be published March 2016
44	BTS Pleural procedures	No	112%	DNP	June-July 2014 Data	SGH did not participate (resource issues)
						June-July data to be submitted by October 2014
						June-July 2014 data report to be published – TBC
45	POMH - UK - Prescribing Observatory for Mental Health (Prescribing in mental health services) - Not Applicable					
46	National Prostate Cancer Audit	Yes	Participating	Participating	14/15 Data	14/15 data to be submitted by October 2015
						14/15 report to be published – TBC
47	Pulmonary hypertension - Not Applicable					
48	Renal replacement therapy (Renal Registry)	No	100%	Not Applicable	13/14 Data published in 14/15	14/15 data to be submitted by TBC
						14/15 report to be published December 2015
49	Rheumatoid and Early Inflammatory Arthritis National Audit	Yes	Participating	Participating	N/A	14/15 data to be submitted by 30 th April 2015
						14/15 report to be published June 2015
50	SSNAP - Sentinel Stroke National Audit Programme, includes SINAP	Yes	100%	100%	13/14 Data published in	14/15 data to be submitted by TBC

No.	Audit Title	NCAPOP	York	Scarborough	Year of data & report published	Comments
					14/15	14/15 report to be published summer 2015
51	TARN - Severe trauma (Trauma Audit & Research Network)	No	85.4%	95.4%	14/15 Data published in 14/15	Data to be validated before submission
						No end date for data submission
52	Specialist rehabilitation for patients with complex needs	Yes	Not due to start	Not due to start	N/A	Start date not published

Table 2 – Actions from Local Clinical Audits to Improve the Quality of Healthcare Provided

Actions to be Taken	No of actions
Improve documentation	63
Change process	68
Re-audit	123
Additional training	60
Improve communication	13
Other e.g. additional equipment	11

Research and Development

The number of patients receiving relevant health services provided or sub-contracted by York Teaching Hospital NHS Foundation Trust in 2014/15 that were recruited during the period to participate in research approved by a research ethics committee 3773.

The Trust is a partner organisation within the Yorkshire and Humber Clinical Research Network (Y&H CRN). The CRN provide funding to support research staff who work across a wide range of specialities. These staff are appropriately trained and qualified and (with the exception of the two Generic Teams) managed by the Trust's Lead Research Nurse Coordinators. The generic research staff are managed directly by the CRN and support studies that do not conveniently fit with the more established speciality teams.

The Trust also employs two Research Advisors who work closely with investigators to ensure that all Trust Sponsored research is developed and conducted to the appropriate standards. In addition all research in the Trust is conducted in accordance with the Trust Standard Operating Procedures (http://www.northyorksresearch.nhs.uk/sops_and_guidance/sops/). The Trust also employs a R&D Quality Assurance Manager who carries out risk-based audits and monitoring of research and who reports directly to the Head of R&D.

Listed below is the range of studies the Trust is part of

	Active and Recruiting	Active and in follow-up
Anaesthetics	8	0
Cancer & Oncology (York)	23	27
Cancer & Oncology (Scarborough)	16	16
Cardiology	7	4
Dermatology	6	0
Emergency Department	3	1
Clinical Research Facility+	2	0
Gastroenterology	5	0
Generic Team (York)+	14	5
Generic Team (Scarborough)+	25	5
Neurology	2	0
Obstetrics	6	2
Ophthalmology	4	3
Palliative Care	0	0
Paediatrics	8	0
Renal	11	0
Rheumatology	10	3
Sexual Health	6	3
Stroke	7	1

Data taken from the activity report 31st March 2015

+These teams support research across a number of specialities including sexual health, stroke, ICU, A&E, Orthopaedics, Tissue Viability, Dementia.

Part 5 – New Initiatives, Targets and Trajectories

Trust Performance against National Quality Indicators

Indicator	2013/14 achieved	2014/15 target	2014/15 actual	Target achieved	Target & trajectories 2015/16
Infection Prevention and Control					
Clostridium difficile – meeting the C Diff objective	67	59	59	Y	
MRSA – maintaining the annual number of. MRSA bloodstream infections at less than half the 2003	2	6	1	Y	6
Cancer Waiting Times (Maximum Waits)					
31 days from decision to 1 st treatment	98.6%	96.0%	97.80%	Y	96.0%
31 days for 2 nd or subsequent treatment for all cancers – anti cancer drugs	99.7	98.0%	99.48%	Y	98.0%
31 days for 2 nd or subsequent treatment for all cancers – surgery	96.3%	94.0%	95.48%	Y	94.0%
62 days from all referrals to treatment for all cancers – urgent GP referral	89.6%	85.0%	84.21%	N	85.0%
62 days from urgent referral to treatment for all cancers – cervical screening	92.8	90.0%	93.59%	Y	90.0%
14 days from referral to 1 st seen for all urgent cancers	94.7%	93.0%	86.84%	N	93.0%
14 days from referral to 1 st seen for symptomatic breast patients	88.2%	93.0%	72.37%	N	93.0%
18 Week Pathway					
Admitted patients -18 week maximum wait from point of referral to treatment -	89.0%	90.0%	83.73%	N	90.0%
Non-admitted patients -18 week maximum wait from point of referral to treatment	96.0%	95.0%	95.91%	Y	95.0%
Maximum time of 18 weeks from point of referral to treatment – patients on an incomplete pathway	95.0%	92.0%	92.45%	Y	92.0%
Accident and Emergency Waiting Times					
Maximum waiting time of four hours in A & E from arrival to admission, transfer or discharge	94.9%	95.0%	91.30%	N	95.0%
Referral to treatment	100.0%	50%	100.0%	Y	50%
Referral Information	72.8%	50%	71.10%	Y	50%

Treatment activity information	99.7%	50%	98.50%	Y	50%
Learning Disabilities					
Certification against compliance with requirements regarding access to healthcare for people with learning disabilities**	Met	**Meet the six criteria detailed below	Met	✓	** Meet the six criteria detailed below
<ol style="list-style-type: none"> Does the Trust have a mechanism in place to identify and flag patients with learning disabilities and protocols that pathways of care are reasonably adjusted to meet the health needs of these patients? Does the Trust provide readily available and comprehensible information to patients with learning disabilities about the following criteria? <ul style="list-style-type: none"> treatment options complaints procedures appointments Does the Trust have protocols in place to provide suitable support for family carers who support patients with learning disabilities? Does the Trust have protocols in place to routinely include training on providing healthcare to patients with learning disabilities for all staff? Does the Trust have protocols in place to encourage representation of people with learning disabilities and their family carers? Does the Trust have protocols in place to regularly audit its practices for patients with learning disabilities and to demonstrate the findings in routine public reports? 					

Reporting against core indicators

Trust performance against the set of core indicators mandated for inclusion in the quality report by the Department of Health is shown below.

For each indicator, the number, percentage value, score or rate (as applicable) for the last two reporting periods is shown. Where this data has been published by the Health and Social Care Information Centre (HSCIC), the lowest and highest values and national average for each indicator for the latest reporting period are also shown.

Summary Hospital-level Mortality Indicator (SHMI) and Banding	Trust Jul 13 – Jun 14	Trust Oct 13 – Sept 14	NHS Average Oct 13 – Sept 14	Highest Trust Oct 13 – Sept 14	Lowest Trust Oct 13 – Sept 14
Trust Score (lower score is better)	102	103	100	120	60
Banding (higher score is better)	2	2	2	3	1
<p>The York Teaching Hospital NHS Foundation Trust considers that this data is as described for the following reasons:</p> <ul style="list-style-type: none"> Information on both the Summary Hospital-level Mortality Indicator (SHMI) and the Hospital Standardised Mortality Ratio (HSMR) are reported to and scrutinised by the Quality and Safety Committee and Board of Directors when published. The above data is consistent with locally reported data Information on both the SHMI and HSMR is also reported by the Care Quality Commission (CQC) in their Intelligent Monitoring Report. A summary of the Trust's Intelligent Monitoring Report is also reported to the Quality and Safety Committee and Board of Directors We continue to audit the quality of our clinically coded data for deceased patients as part of our mortality reviews to ensure it is an accurate reflection of the patient's diagnoses and procedures. All clinicians are required to validate the clinical coding of patients who died in hospital to ensure it accurately reflects the main conditions for which the patient was treated and investigated, and that all co-morbidities have been recorded. <p>The York Teaching Hospital NHS Foundation Trust intends has taken the following actions to improve this score , and so the quality of its services by:</p> <ul style="list-style-type: none"> Ensure that all in-patient deaths are reviewed by a consultant within four weeks of the death occurring. Promote discussion of learning from mortality review at department governance meetings. Provide a six monthly report of all deaths occurring in the Trust. Monitor depth of coding via the mortality review process. <p>We will:</p> <ul style="list-style-type: none"> Continue with our mortality review programme and ensure we act on the findings to improve the quality of our care as part of our Patient Safety Strategy. Going forward, results will be summarised in a quarterly report for the Trust's Executive Board and Board of Directors Continue to hold weekly Quality and Safety Briefings. 					
Palliative Care Coding	Trust Jul 13 – Jun 14	Trust Oct 13 – Sept 14	NHS Average Oct 13 – Sept 14	Highest Trust Oct 13 – Sept 14	Lowest Trust Oct 13 – Sept 14
% Deceased patients with palliative care coded	18.8%	20.7%	25.4%	49.4%	0.0%

The York Teaching Hospital NHS Foundation Trust considers that this data is as described for the following reasons:

- This data is consistent with the data reported on the monthly Patient Safety and Quality report presented to the Board of Directors.

The York Teaching Hospital NHS Foundation Trust intends has taken the following actions to improve this percentage, and so the quality of its services by:

- We continue to audit the quality of our clinically coded data for deceased patients as part of our mortality reviews to ensure it is an accurate reflection of the patient's diagnoses and procedures. In addition, the Clinical Coding team receive weekly information on any patients who have had a palliative care or contact with the palliative care team, so that this can be reflected in the clinical coding
- Quality of clinical coding in relation to deceased patients is also discussed at weekly Quality and Safety briefings, with action being taken to address any queries
- We continue to develop improved methods for recording information on chronic conditions.
- Continue to refine the mortality review programme, which includes validation of the clinical coding for the patient's spell of care.

We will:

- Continue with our mortality review programme and ensure we continue to validate the clinical coding of deceased patients as part of our Patient Safety Strategy.

Patient Reported Outcome Measures (EQ-5D Index, Percentage of Patients Improving scores)	Trust Apr 13 – Mar 14	Trust Apr – Sept 14	England Apr-Sept 14	Highest Trust Apr-Sep 14	Lowest Trust Apr-Sep 14
Groin Hernia	47.3%	51.1%	50.2%	Not Available	
Hip Replacement	91.6%	90.6%	90.6%	Not Available	
Knee Replacement	83.8%	72.4%	82.2%	Not Available	
Varicose Vein	52.3%	60.0%	53.8%	Not Available	

Note: Patients undergoing elective inpatient surgery for the above elective procedures funded by the English NHS are asked to complete questionnaires before and after their operations to assess improvement in health as perceived by the patients themselves. As participation is voluntary, patients can choose not to participate. The percentage of patients reporting improvement after a procedure is only available at individual Trust level and at national level, therefore it is not possible to determine the highest and lowest score for Trusts.

The York Teaching Hospital NHS Foundation Trust considers that this data is as described for the following reasons:

- Performance in relation to Patient Reported Outcome Measures (PROMs) is discussed at the Trust's Quality and Safety Committee, and is also reported to the Board of Directors in

the monthly Patient Safety and Quality Report. This data is consistent with locally reported data. This performance information is benchmarked against other Trusts in the Yorkshire and Humber region with Trust performance being within the expected range for all procedures.

- Information on PROMs performance is also included in the Care Quality Commission Intelligent Monitoring Report, which is analysed when published and reported to the Board of Directors via the quarterly Healthcare Governance Report.

The York Teaching Hospital NHS Foundation Trust intends to take/has taken the following actions to improve these scores, and so the quality of its services by:

- Ensuring that relevant staff attend regional PROMs workshops which facilitates networking with colleagues from other Trusts and allows sharing of best practice.

We will:

- Continue to ensure that the Trust Executive Board and Board of Directors received PROMs outcome and participation rates so that we can ensure that any areas of performance where the Trust may be an outlier are acted upon.

Readmissions within 28 Days of Discharge	Trust 2011-12	Trust 2012-13	NHS Average 2012-13	Highest Trust 2012-13	Lowest Trust 2012-13
Percentage of Readmissions aged 0 to 15	9.7% (10.0%)	Not available	Not available	Not available	Not available
Percentage of readmissions aged 16 and Over	10.6% (9.8%)	Not available	Not available	Not available	Not available

Note: This data is based readmissions for hospitals categorised as medium acute hospitals only. The lower the percentage the better the performance.

The York Teaching Hospital NHS Foundation Trust considers that this data is as described for the following reasons:

- The data is consistent with that reported locally on the Trust's electronic performance monitoring system.

The York Teaching Hospital NHS Foundation Trust intends to take/has taken the following actions to improve this percentage, and so the quality of its services by:

- Continue with the weekly Quality and Safety briefings to consistently address any issues raised. The meetings are chaired by the Medical Director and are attended by the Director of Nursing, Deputy Director of Patient Safety, Deputy Director of Healthcare Governance and Assistant Director of Nursing.
- The agenda of these meetings includes emergency readmissions and other quality and safety issues.

We will:

- Continue to hold our weekly quality and safety briefings and take action to address any issues raised
- Continue to monitor readmission rates as part of our contract monitoring process with our commissioners and take remedial action if the rate is exceeded.

Responsiveness to Personal Needs of Patients	Trust 2012-13	Trust 2013-14	NHS Average 2013-14	Highest Trust 2013-14	Lowest Trust 2013-14
Ensuring that people have a positive experience	78.1%	78.7%	76.9%	87.0%	67.1%

The York Teaching Hospital NHS Foundation Trust considers that this data is as described for the following reasons:

- All feedback from patient surveys is reported to and scrutinised by the Trust's Quality and Safety Committee, and by Board of Directors in the Chief Nurse Quality of Care Report
- Feedback from the Friends and Family test is also reported to the Patient Experience Steering Group, Quality and Safety Committee and Board of Directors
- Information on patient surveys is also reported by the Care Quality Commission (CQC) in their Intelligent Monitoring Report. This report is analysed when published, with a summary of the report and any areas of risk that are identified by the CQC being reported to the Board of Directors in the quarterly Healthcare Governance Report.

The York Teaching Hospital NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services by:

- Continuing to respond to feedback provided from Inpatient, Outpatient, Maternity, Emergency Department and Cancer Care surveys, and the Friends and Family Test, and develop action plans to address areas for improvement as part of our Patient and Public Involvement work
- Continuing with local patient surveys, patient forums and other initiatives as part of our patient and public involvement work to enhance our services and improve patient care.

We will:

- Continue to act on the feedback received to ensure patients have a positive experience
- Continue to develop our Patient Experience Steering Group as part of the Patient and Public Involvement Strategy.

Staff Recommending the Trust to Family and Friends	Trust 2013	Trust 2014	NHS Average 2014	Highest Trust 2014	Lowest Trust 2014
Percentage of staff who would recommend the Trust *	61	64	65	89	38

* note – data represents acute Trusts only

The York Teaching Hospital NHS Foundation Trust considers that this data is as described for the following reasons:

- The data published by the Information Centre is consistent with the staff survey results received by the Directorate of Human Resources for the 2013 and 2014 staff surveys. The results of the annual staff survey are reported to the Board of Directors.

The York Teaching Hospital NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services by:

- Providing each directorate with a breakdown of the report for their area and highlighting recommended areas for action. Each Directorate Manager will develop and agree an action plan with support from the Trust's Human Resources Department. Trust themes from the staff survey are reported to the appropriate forum. For example, health and wellbeing outcomes have been reported to the Health and Wellbeing Steering Group to discuss and agree appropriate corporate actions. These will then feed in to an organisational action plan which will be centrally coordinated with progress being reported to the relevant meetings.

We will:

- Continue to encourage all of our staff to complete the Staff Friends and Family Test which is being launched across the Trust in May 2014. This will give valuable feedback which we will use to improve outcomes for our patients
- Continue to develop and monitor the Trust's action plan in response to the findings of the Staff Survey.

Patients Admitted & Risk Assessed for Venous Thromboembolism	Trust Oct-Dec 2013	Trust Jan 2014	NHS Average Jan 2014	Highest Trust Jan 2014	Lowest Trust Jan 2014
Percentage of patients risk assessed	97.2%	97.0%	96.26%	100.0%	74.1%

Note- data is for acute Trusts only.

The York Teaching Hospital NHS Foundation Trust considers that this data is as described for the following reasons:

- Compliance with VTE assessments is reported monthly to the Board of Directors as part of the Patient Safety and Quality Report. Compliance is also reported on Signal, the Trust's electronic activity and performance monitoring dashboard, as part of compliance monitoring against CQUIN targets. The above data is consistent with locally reported data.

The York Teaching Hospital NHS Foundation Trust intends to take/has taken the following actions to improve this indicator/percentage/score/data/rate/number, and so the quality of its services by:

- Continuing to measure and report compliance with VTE risk assessments as described above.

We will:

- Continue to monitor and report compliance with VTE assessments as described above to ensure that performance continues to meet and exceed the required standards.

Clostridium difficile Infection (for patients aged 2 and over)	Trust 2012-13	Trust 2013-14	NHS Average 2013-14	Highest Trust 2013-14	Lowest Trust 2013-14
Rate per 100,000 bed days	38.0%	48.6%	37.0%	85.5%	0.0%

The York Teaching Hospital NHS Foundation Trust considers that this data is as described for the following reasons:

- C-Difficile incidences form part of the discussion at weekly Quality & Safety Briefings and the performance of the Trust in this area is monitored.
- Incidence of all healthcare acquired infections is reported weekly to the Director of Infection Prevention and Control (Medical Director), and other senior staff in the Trust. The Director of Infection Prevention and Control provides a quarterly report to the Board of Directors. This report includes an infection prevention performance dashboard, compliance against the Hygiene Code 2009, performance against the Trust Clostridium Difficile Infection (CDI) Policy key indicators and provides an update on progress with the Infection Prevention Annual Plan.

The York Teaching Hospital NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services by:

- Continuing to monitor progress against the C Diff strategy, which is the remit of CDI Operational Group and the Hospital Infection Prevention and Control Steering Group. We continue to report performance against key indicators quarterly to the Board of Directors in the Director of Infection Prevention and Control Report. Feedback on healthcare associated infection performance is also reported at Directorate level. Assurance and accountability for action is managed through each directorate's Performance Improvement Meetings and the Corporate Performance Management Framework.
- Continually and critically monitoring our infection prevention practices to ensure they reflect best practice and enhance patient safety. This includes conducting a root cause analysis for every case of hospital-acquired C difficile infection, the results of which are presented to the Trust's Executive Board by the relevant clinical director. Close monitoring of antibiotic prescribing remains a key priority for the Trust's Antimicrobial Stewardship Team. Compliance with antibiotic prescribing is reported to the Quality and Safety Committee and to the Board of Directors. Audit results are disseminated to consultants, clinical directors and matrons for action for action
- Holding weekly safety Quality and Safety briefings and ensuring that appropriate action is taken in response to any issues raised. These meetings between the Medical Director, Director of Nursing, Deputy Director of Patient Safety, Assistant Director of Healthcare Governance and the Head of Risk and Legal Services are held to discuss a range of quality and safety issues which includes healthcare acquired infections.

We will:

- Continue with our CDI reduction strategy, monitoring of infection prevention practices,

and continuing with our antimicrobial stewardship programme

- Continue to report progress to the Board of Directors in the Director of Infection Prevention and Control quarterly report which as previously described, provides assurance to the Board of Directors that sustainable reductions in the incidence of avoidable healthcare are both in place and effective
- Continue to hold our weekly quality and safety briefings and take action to address any issues raised.

Patient Safety Incidents and the number of incidents resulting in Severe Harm or Death	Trust Apr-Sep 13	Trust Oct 13- Mar 14	NHS Average Oct 13 – Mar14	Highest Trust Oct 13 – Mar 14	Lowest Trust Oct 13 – Mar 14
Rate of patient safety incidents	7.4%	7.8%	8.7%	14.9%	4.6%
Number of incidents resulting in severe harm or death	25	53	23	69	1
% of incidents resulting in severe harm or death	0.5%	1.0%	0.4%	1.0%	0%

*Note – data represents acute teaching hospitals only. The rate of patient safety incidents published nationally for April to September 2012 is inaccurate, due to the fact that the Trust had separate incident management reporting systems in place prior to acquisition with Scarborough and there were some local system issues with reporting. As a result, the number of incidents stated as the numerator for this rate was too low. The actual rate of patient safety incidents for April to September 2012, calculated from local data, was 9.0%. This figure is shown above to allow a true comparison to be made with the rate for the next reported period (Oct 12 to Mar 13). Rates of incident reporting within NHS Trusts are known to be extremely variable. In addition, benchmarking is further complicated by different contractual reporting requirements between commissioners and providers.

The York Teaching Hospital NHS Foundation Trust considers that this data is as described for the following reasons:

- All incidents of severe harm or death are validated by the Deputy Director of Patient Safety and the Deputy Director of Healthcare Governance prior to being reported to the National Patient Safety Agency.

The York Teaching Hospital NHS Foundation Trust intends to take/has taken the following actions to improve this rate, number and percentage, and so the quality of its services by:

- Holding weekly safety Quality and Safety briefings and ensuring that appropriate action is taken in response to any issues raised. These meetings between the Medical Director, Director of Nursing, Deputy Director of Patient Safety, Deputy Director of Healthcare Governance and Assistant Director of Nursing are held to discuss quality and safety issues which includes deaths, serious incidents, critical incidents, adverse incidents, and safety alerts.

We will:

- Continue to hold our weekly quality and safety briefings and take action to address any issues raised, and continue to validate all incidents of severe harm and death.

Family & Friends Test Score (Patient Element)	Trust Jan 15	Trust Feb 15	NHS Average Feb 15	Highest Trust Feb 15	Lowest Trust Feb 15
Inpatient % Recommend	95	94	95	100	82
Accident and Emergency % Recommend	88	86	88	98	53

*Note – data for acute hospitals only.

The York Teaching Hospital NHS Foundation Trust considers that this data is as described for the following reasons:

- The data on the Family and Friends Test (FFT) cards completed by patients is independently collated by our commissioned service provider, the Picker Institute. The Trust receives the collated data which is then uploaded in to Unify, the national system used for reporting. This data is therefore accurate.

The York Teaching Hospital NHS Foundation Trust intends has taken the following actions to improve this score, and so the quality of its services by:

- Monitoring the FFT score on a monthly basis, and highlighting any deterioration in performance directly to the relevant wards and departments for action. As part of the Chief Nurse Quality of Care report, the Trust Board receives monthly performance information on the FFT. This information is also included in the monthly Quality and Safety Dashboard, which is also reported to the Board of Directors. The Patient Experience Steering Group also receives regular updates on performance, and this also forms part of all Directorate's Performance Improvement Meetings

We will:

- Continue to monitor performance with the FFT with regular updates to the Board of Directors

The Trust has systems and processes in place that ensure accurate records, reports and clinical indicators are maintained. The Trust's Council of Governors are required to select an indicator for external audit to measure. The Governors selected Do Not Attempt DNACPR.

Part 6 – Statements from Key Stakeholders

Quality Report 2013/2014 - Statement on behalf of the Council of Governors (CoG)

A small group of Governors met with representatives of the Trust on behalf of the whole Council of Governors to review, comment on and have input into the draft Quality report for the year April 2013 to March 2014.

The Council of Governors continues to review and make comment on the services being provided to patients and their families holding the Directors and Non-Executive Directors to account for the way services are being delivered and developed. The Governors are particularly keen to ensure that services are equitable across the whole community served by the Trust and that staff are supported in the delivery of care. The CoG is kept fully updated about the difficulties the Trust faces both financially and otherwise and on any plans to address the issues identified. It is recognised that the Trust values the role of Governors and the CoG demonstrated through the time Directors, Non-Executive Directors and staff spend in ensuring that we are kept involved and informed. It is also acknowledged that the Trust holds patient care and their safety high on its agenda and that this is regularly demonstrated at Board and other meetings across the Trust.

It continues to be the highlight of the year when Governors are involved in the Celebration of Achievement awards where the hard work of individual members of staff or teams are showcased and staff rewarded for their very real endeavours to deliver the best care to their patients under sometimes difficult circumstances.

Governors are pleased to see the continued work being undertaken to address the issue of dementia and that steps continue to be taken to develop the way staff in the organisation address this particular concern. There is still work to be undertaken and Governors will be interested to hear of the developments that are proposed and take place.

Governors have chosen the Do Not Resuscitate (DNR) policy as the metric to be reviewed this next year and feel this is both a very topical and important issue to be scrutinised.

Margaret Jackson, Helen Fields and Jenny Moreton on behalf of the Council of Governors

Statement from Vale of York Clinical Commissioning Group, NHS Scarborough Ryedale Clinical Commissioning Group, NHS East Riding of Yorkshire Clinical Commissioning Group

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST **QUALITY ACCOUNT STATEMENT 2014/15**

On behalf of NHS Scarborough and Ryedale CCG, NHS East Riding of Yorkshire CCG, NHS Vale of York CCG is pleased to provide comments on York Teaching Hospital NHS Foundation Trust's Quality Account for 2014/15. ,

Over the past 12 months the whole of the health and social care system has experienced significant pressures; added to this have been challenges in recruiting to key nursing and medical posts across the whole Trust. Against this backdrop we have worked in

partnership with the Trust to improve the quality and safety of patient services. We are especially pleased to note the following achievements:-

- Construction and introduction of the new ambulance assessment area in the Emergency Department at York Hospital which has improved handover times for patients.
- Work to improve the SHMI and HSMR and continued efforts to drive further reductions across all sites
- Working with Mental Health Services to provide a Psychiatric Liaison Service for patients presenting at Emergency Departments.
- Consultant review of acute medical, elderly medical and ortho-geriatric patients within 12 hours of admission at York Hospital
- Established a safe, dedicated elective orthopaedic service at Bridlington
- improved compliance with the WHO surgical safety checklist
- Rollout of the Friends and Family Test to Staff, Acute and Community Services.
- Reduction in the number of C.Diff cases and greater inclusion of matrons in the delivery of Infection Control.
- Rollout of the NEWS reporting tool and improvements in the care of deteriorating patients, with recognition of where further work is needed.

York Teaching Hospital NHS Foundation Trust met the majority of the requirements of the 2014/15 CQUIN Scheme and the CCGs have agreed the following areas for CQUIN indicators in 2015/16:-

- Acute Kidney Injury
- Sepsis
- Dementia
- Ambulatory Care
- Paediatric Transition
- Scan Reporting times
- Post-take Ward Round Checklist
- Community Services – patient experience
- Community Services – involvement in Multi Disciplinary Team meetings with Primary Care

The Trust have faced a number of challenges over the past 12 months including Accident and Emergency Performance, Ambulance Handover Times, Referral to Treatment for admitted patient pathways, Diagnostic and Cancer waiting times. The NHS recognises that nationally there is currently a shortage of Consultants and Nurses, and the Trust has found it difficult to recruit staff at both Scarborough and York Hospitals throughout the year. This has resulted in additional pressures for the existing workforce and the centralisation of services in order to make the most effective use of scarce resources and secure the safe delivery of services.

The Trust has not met the 95% target for the 4 hour A&E waiting time target for any quarter of 2014/15. The exceptional operational pressures felt over 2014 and resulting high levels of elective cancellations due to bed shortages, have also impacted on achievement of the admitted 18 week Referral to Treatment targets. Additionally in agreement with the commissioners the Trust has concentrated on treating patients who have waited in excess

of 18 weeks, which has also had an impact on achievement of the 18 weeks referral to treatment targets, but has been necessary to support the Trust to get back to a sustainable position during 2015.

The Care Quality Commission inspected both York and Scarborough hospital sites in March 2015 and the Trust is currently awaiting the final report from their visit.

The priorities identified in the Quality Account for 2015/16 clearly identify with the three main elements of quality assurance: patient safety, clinical effectiveness and patient experience.

As lead commissioner for York Teaching Hospital NHS Foundation Trust the Vale for York CCG would like to commend the work of the Trust in 2014/15

We can confirm that with NHS Scarborough and Ryedale CCG and NHS East Riding of Yorkshire CCG, the Vale of York CCG is satisfied with the accuracy of this Quality Account. We recognise that York Teaching Hospital NHS Foundation Trust delivers good quality patient care, and we look forward to close partnership working with the Trust to address waiting times and areas of quality improvement during 2015.

Michelle Carrington
Chief Nurse
NHS Vale of York Clinical Commissioning Group

Carrie Wollerton
Executive Nurse
Scarborough & Ryedale Clinical Commissioning Group

Hilary Gledhill
Executive Nurse
East Riding of Yorkshire Clinical Commissioning Group

Statement from Healthwatch York



Response from Healthwatch York to York Teaching Hospital NHS Foundation Trust Quality Report 2014-15

Thank you for giving Healthwatch York the opportunity to comment on your Quality Report for 2014-15. We feel that the report is very informative and clearly presented in an easily understandable format. The inclusion of the glossary of terms with full explanations is very helpful.

Healthwatch York fully supports the Trust's aim to be an organisation which encourages patients and their relatives to feed back about their experiences of services. We look forward to the development of the 'Your Experiences Matter' strategy during the coming year.

It is good to see that the Trust has recognised the need to improve services for patients receiving end of life care and we look forward to seeing developments in this area of work.

We are pleased to see that the Trust have ensured that dementia specific assessments and referrals are available for more than 90% patients aged 75 or over who are admitted with delirium or dementia.

We very much welcome the inclusion in the report of the awards which the Trust makes to staff and teams. It is very good to see that the Trust appreciates and recognises the dedication and hard work of the staff.

Healthwatch York looks forward to working with the Trust during the coming year and continuing the productive working relationship we have established.

Statement from HealthWatch North Yorkshire



Healthwatch North Yorkshire's response to York Teaching Hospitals NHS Foundation Trust Quality Report

Healthwatch North Yorkshire would strongly suggest that the Trust considers using examples of a typical patient's journeys through the medical system as a way of 'humanising' this report and placing the quality improvements in a context which the lay reader would better understand. The following are specific comments in relation to the Trust's achievements in 2014/15 against targets.

Review of priorities from 2014/15:

- All the targets used in the report are laudable when compared with exam results or pass marks. Most of us would be thrilled to get a mark of 90% in any sort of test. Trouble is, when applied to patients it means that we are content for 1:10 to NOT get the treatment or whatever.
- With respect to particular percentage targets like 90%, it would be helpful to know what this actually means in terms of numbers of patients. So, take total number of acutely ill and deteriorating patients admitted in a year, just how many is 10% which were not seen within the target timescale?
- Improving patient safety - The trust's target was that 80% of acute medical, elderly medical or orthogeriatric patients will be reviewed within 12 hours of admission. However this was achieved in York, but not in Scarborough. It would be helpful for patients in Scarborough to

be assured that the level of service received in Scarborough when compared to York will be of the same standard moving forward, especially with the new priorities the Trust has set itself for 2015/16.

- Where factors are coded green, i.e. target achieved, it would be helpful for the Trust to include an additional information section to reference whether or not standards are being maintained, as patients would expect that these areas are still closely monitored albeit not reported within the next quality report.

Trust Performance against National Quality Indicators

- Friends and Family Test. It is difficult to evaluate the results given as no information is provided about response rates for this and other surveys. It would be helpful to include the number (in percentage terms) of eligible people (patients, families, friends or staff) who responded to each survey.

Patient journey;

- How do the quality improvements affect typical patients' experiences of healthcare? A case study(s) about a patient's experience would be strongly recommended in order to put some of your quality improvements in context.

We would like to see more about balancing the influence of excellent patient group involvement in York with comparable involvement in Scarborough, as we have received a number of public and patient feedback about a perceived difference in the quality of public and patient engagement/involvement in both York and Scarborough, with the former apparently better than the latter.

Finally, Healthwatch North Yorkshire would like to acknowledge some of the other pieces of work the Trust is undertaking to improve patient experience, referenced in the "what else will we aim to do" section of this report. We would be willing to work more collaboratively with the Trust to ensure that the views and experiences of its patients help in its continuous improvement programme.

Glossary

Term	Description
Audit Commission	The Audit Commission is a statutory corporation in the United Kingdom whose role is to protect the public purse. The Commission's primary objective is to appoint auditors to a range of local public bodies in England, set the standards for auditors and oversee their work.
Blood Gas Analysis	Blood gas analysis is a test used to check how well your lungs are working and whether they are able to exchange oxygen and carbon dioxide efficiently. The test may be recommended if you are having breathing problems, such as shortness of breath or rapid breathing.
Board of Directors	Individuals appointed by the Council of Governors and Non-executive Directors. The Board of Directors assumes legal responsibility for the strategic direction and management of the Trust.
Clinical Standards Group	The Clinical Standards Group is the Trust body which has responsibility for demonstrating evidence of degree of compliance for all nationally agreed best practice as defined by the National Institute for Health and Clinical Excellence (NICE), National Confidential Enquiry into Patient Outcome and Death (NCEPOD) and other nationally agreed clinical guidance. It is also responsible for assessing and monitoring progress with national and local clinical audits, and challenging the actions required to implement changes in practice.
Clostridium Difficile (C Diff)	Clostridium difficile is a species of bacteria of the genus Clostridium that causes severe diarrhoea and other intestinal disease when competing bacteria in the gut flora are wiped out by antibiotics.
Care Quality Commission (CQC)	The Care Quality Commission regulates care provided by the NHS, local authorities, private companies and voluntary organisations. They aim to make sure better care is provided for everyone - in hospitals, care homes and people's own homes. They also seek to protect the interests of people whose rights are restricted under the Mental Health Act.
CQC Quality Risk Profile	The Quality and Risk Profile is a tool for healthcare

Term	Description
(QRP)	providers, commissioners and CQC staff for monitoring compliance with the essential standards of quality and safety. They help in assessing where risks lie and can play a key role in internal monitoring as well as informing the commissioning of services.
College of Emergency Medicine	The College of Emergency Medicine advances education and research in Emergency Medicine. It is responsible for setting standards of training and administering examinations in Emergency Medicine, and also works to ensure high quality care by setting and monitoring standards of care, and providing expert guidance and advice on policy to relevant bodies on matters relating to Emergency Medicine.
Commissioning for Quality and Innovation Payment Framework (CQUIN)	The Commissioning for Quality and Innovation (CQUIN) scheme was announced in <i>High Quality Care for All</i> (2008) and introduced through the new standard NHS contracts and the NHS Operating Framework for 2009/10. It is a key element of the NHS Quality Framework, introducing an approach to incentivising quality improvement. CQUIN schemes were mandated for acute contracts from 2009/10.
Comfort Rounds	Comfort rounding is the process where healthcare professionals (usually nurses) carrying out regular and documented checks with their patients with the aim of increasing patient comfort and ensuring they feel supported. Checks will include addressing pain issues, ensuring patients are positioned comfortably, ensuring the environment is safe for the patient, addressing personal hygiene needs and any other issues which may be of concern to the patient.
Council of Governors (CoG)	<p>Every NHS Foundation Trust is required to establish a Council of Governors. The main role of the Council of Governors is threefold:</p> <ul style="list-style-type: none"> • Advisory - to advise the Board of Directors on decisions about the strategic direction of the organisation and hold the Board to account. • Strategic - to inform the development of the future strategy for the organisation • Guardianship - to act as guardian of the NHS Foundation Trust for the local community. <p>The Chair of the Council of Governors is also the chair of the NHS Foundation Trust. The Council of Governors does not “run” the Trust, or get involved in operational issues.</p>

Term	Description
Department of Health (DH)	The Department of Health is a government department with responsibility for government policy for health and social care matters and for the (NHS) in England. It is led by the Secretary of State for Health.
Deteriorating Patient	Sometimes, the health of a patient in hospital may get worse suddenly. There are certain times when this is more likely, for example following an emergency admission to hospital, after surgery and after leaving critical care. However, it can happen at any stage of an illness. It increases the patient's risk of needing to stay longer in hospital, not recovering fully or dying. Monitoring patients regularly while they are in hospital and taking action if they show signs of becoming worse can help avoid serious problems.
Did Not Attend (DNA)	A DNA is defined as a patient failing to give notice that they will not be attending their appointment. Patients who give prior notice, however short, that they will not be attending their appointment will be classed as a CNA (could not attend).
Do Not Attempt Cardiopulmonary Resuscitation (DNA CPR)	If someone's heart or breathing stops suddenly, the brain can only live for about three to four minutes before death could result. When this happens it may be possible to try to restart the heart and breathing with emergency treatment called CPR or cardiopulmonary resuscitation. All healthcare organisations will routinely attempt Cardiopulmonary resuscitation (CPR) on any individual where cardiac or respiratory function ceases, unless there is direct and written order not to attempt CPR, a "DNACPR" decision.
Family and Friends Test	From April 2013, all patients will be asked a simple question to identify if they would recommend a particular A&E department or ward to their friends and family. The results of this friends and family test will be used to

Term	Description
	improve the experience of patients by providing timely feedback alongside other sources of patient feedback.
Financial Risk Rating (FRR)	Financial Risk Ratings are allocated using a scorecard which compares key financial information across all foundation trusts. A rating of 5 reflects the lowest level of financial risk and a rating of 1 the greatest.
Hospital Episode Statistics (HES)	HES is a data warehouse containing details of all admissions, outpatient appointments and A&E attendances at NHS hospitals in England. This data is collected during a patient's time at hospital and is submitted to allow hospitals to be paid for the care they deliver. HES data is designed to enable secondary use, that is use for non-clinical purposes, of this administrative data.
Hospital Standardised Mortality Ratio (HSMR)	The Hospital Standardised Mortality Ratio (HSMR) is a measure of deaths while in hospital care based on 56 conditions which represent 80% of deaths, where death occurs in hospital. It also shows whether the number of deaths linked to a particular hospital is more or less than expected, and whether that difference is statistically significant. It covers all English acute non-specialist providers.
Information Governance Toolkit	The Information Governance Toolkit is a performance tool produced by the Department of Health (DH). It draws together the legal rules and central guidance set out above and presents them in one place as a set of information governance requirements. The organisations are required to carry out self-assessments of their compliance against the Information Governance requirements.
Inhaler Technique	Using an inhaler is the most common way of taking asthma medicines and is very effective because inhaling the medicine takes it straight into the lungs. It is very important that inhalers are used properly so that every dose taken gives patients the most benefit.
Intelligent Monitoring Report	The Intelligent Monitoring Report reflects the Care Quality Commission's newly developed model for monitoring a range of key indicators about NHS acute and specialist hospitals. The indicators are used to raise questions about

Term	Description
	<p>the quality of care. Together with local information from other agencies partners and the public, it helps the CQC to decide when, where and what to inspect. The results of the CQC's intelligent monitoring work is used to group NHS Trusts into six bands based on the risk that people may not be receiving safe, effective, high quality care - with band 1 being the highest risk and band 6 the lowest.</p>
<p>Liverpool Care Pathway (LCP)</p>	<p>The Liverpool Care Pathway for the Dying Patient (LCP) is a model of care which enables healthcare professionals to focus on care in the last hours or days of life when a death is expected. The LCP is tailored to the person's individual needs and includes consideration of their physical, social, spiritual and psychological needs. It requires senior clinical decision making, communication, a management plan and regular reassessment. The LCP is not a treatment in itself but a framework for good practice – it aims to support, but does not replace, clinical judgement. The LCP guides and enables healthcare professionals to focus on care in the last hours or days of life, when a death is expected. However, communication, care and compassion must come from all the healthcare workers caring for an individual patient and their family.</p>
<p>Monitor</p>	<p>Monitor was established in January 2004 to authorise and regulate NHS Foundation Trusts. Monitor is independent of central government and directly accountable to Parliament. There are three main strands to Monitor's work:</p> <ul style="list-style-type: none"> • Determining whether NHS Trusts are ready to become NHS Foundation Trusts • Ensuring that NHS Foundation Trusts comply with the conditions they signed up to – that they are well-led and financially robust • Supporting NHS Foundation Trusts development
<p>Methicillin-resistant Staphylococcus aureus (MRSA)</p>	<p>Methicillin-resistant Staphylococcus aureus (MRSA) is a bacterium responsible for several difficult-to-treat infections in humans. It may also be called multidrug-resistant Staphylococcus aureus or oxacillin-resistant Staphylococcus aureus (ORSA). MRSA is, by definition, any strain of Staphylococcus aureus that has developed resistance to certain antibiotics.</p>
<p>National Clinical Audits</p>	<p>The National Clinical Audit and Patient Outcomes Programme (NCAPOP) is a set of centrally-funded</p>

Term	Description
	national projects that provide local Trusts with a common format by which to collect audit data. The projects analyse the data centrally and feedback comparative findings to help participants identify necessary improvements for patients. Most of these projects involve services in England and Wales; some also include services from Scotland and Northern Ireland.
National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	NCEPOD promote improvements in health care and support hospitals and doctors to ensure that the highest possible quality of safe patient care is delivered. NCEPOD use critical senior and appropriately chosen specialists to critically examine what has actually happened to the patients.
National Early Warning System (NEWS)	NEWS is based on a simple scoring system in which a score is allocated to six physiological measurements already taken in hospitals – respiratory rate, oxygen saturations, temperature, systolic blood pressure, pulse rate and level of consciousness. The more the measurements vary from what would have been expected (either higher or lower), the higher the score. The six scores are then aggregated to produce an overall score which, if high, will alert the nursing or medical team of the need to escalate the care of the patient.
National Institute for Clinical Excellence (NICE) quality standards	National Institute for Clinical Excellence (NICE) quality standards are a set of specific, concise statements that act as markers of high-quality, cost-effective patient care, covering the treatment and prevention of different diseases and conditions. Derived from the best available evidence such as NICE guidance and other evidence sources accredited by NHS Evidence, they are developed independently by NICE, in collaboration with the NHS and social care professionals, their partners and service users, and address three dimensions of quality: clinical effectiveness, patient safety and patient experience.
Oral Steroids	Steroids (also known as cortisone or corticosteroids) are hormones that occur naturally in the body. Steroids decrease inflammation, suppress the body's immune system and can block a chemical called histamine (released during an allergic reaction). Oral steroids are steroids that you can take by mouth - tablets, soluble tablets and liquids. They are used to treat a large number of conditions.

Term	Description
Oxygen Saturation	Oxygen saturation is a measure of how much oxygen the blood is carrying as a percentage of the maximum it could carry.
Patient and Public Involvement Strategy (PPI)	The involvement of patients and the public is core to healthcare reform and to a “patient led NHS.” As a healthcare organisation the Trust needs to listen, understand and respond to patient and public needs, perceptions and expectations ensuring patients’ experiences and preferences inform continuing improvement. Evidence demonstrates that effective patient and public involvement leads to increased patient satisfaction, more positive outcomes and improved professional/patient relationships. Creating such partnership encourages patients to take more responsibility for their personal healthcare and supports the most effective use of resources.
Patient Reported Outcome Measures (PROMS)	Patient Reported Outcome Measures are questionnaires that ask patients about their health before and after an operation. This helps to measure the results or outcome of the operation from the patient’s point of view. This outcome is known as the “health gain.” All NHS patients undergoing planned hip replacement, knee replacement, varicose vein or groin hernia surgery procedures are invited to fill in PROMs questionnaires.
Partial Booking	Partial booking is a system where patients receive a letter prior to their appointment advising them to ring the hospital to book an appointment at a time that is convenient for them. If patients do not respond within two weeks, a reminder is sent. If patients fail to book their appointment following this reminder, they are automatically referred back to their GP
Peak Flow	Peak flow rate is a measure of a person's maximum speed of expiration, using a small hand-held device to monitor a person's ability to breathe out air. It is a measure of how well a patient is breathing and its use is a key part of the asthma care plan.
Pulse	Measurement of a pulse is the equivalent of measuring the heart rate, or how many times the heart beats per minute. Your heart rate can vary depending on what you’re doing. For example, it will be slower if you’re sleeping and faster if you’re exercising.

Term	Description
Pressure Ulcers	<p>Pressure ulcers or decubitus ulcers, are lesions caused by many factors such as: unrelieved pressure; friction; humidity; shearing forces; temperature; age; continence and medication; to any part of the body, especially portions over bony or cartilaginous areas such as sacrum, elbows, knees, and ankles.</p> <p>Pressure ulcers are graded from 1 to 4 as follows:</p> <ul style="list-style-type: none"> ▪ Grade 1 - no breakdown to the skin surface ▪ Grade 2 - present as partial thickness wounds with damage to the epidermis and / or dermis. Skin can be cracked, blistered and broken. ▪ Grade 3 - develop to full thickness wounds involving necrosis of the epidermis/dermis and extend into the subcutaneous tissues. ▪ Grade 4 - present as full thickness wounds penetrating through the subcutaneous tissue
Quality Governance Framework	<p>Quality Governance refers to the Board's leadership on quality and their ability to understand the relative quality of services their Trust provides; identify and manage risks to quality, act against poor performance, and implement plans to drive continuous improvement.</p>
Respiratory Rate	<p>The number of breaths over a set period of time. In practice, the respiratory rate is usually determined by counting the number of times the chest rises or falls per minute. The aim of measuring respiratory rate is to determine whether the respirations are normal, abnormally fast, abnormally slow or nonexistent.</p>
Safety Thermometer	<p>The NHS safety thermometer is an electronic data collection system to collect evidence of four particular patient harms. These harms are VTE, pressure ulcers, falls and catheter related urinary tract infections. Data is collected at the point of care by healthcare professionals one day per month and entered into the instrument. The system allows assessment of 'harm free care'.</p>
Secondary Uses Service (SUS)	<p>The Secondary Uses Service is a service which is designed to provide anonymous patient-based data for purposes other than direct clinical care such as healthcare</p>

Term	Description
	planning, commissioning, public health, clinical audit and governance, benchmarking, performance improvement, medical research and national policy development. The service is provided by the Health and Social Care Information Centre.
Summary Hospital-level Mortality Indicator (SHMI)	The Summary Hospital-level Mortality Indicator (SHMI) is a measure of deaths following hospital treatment based on all conditions, which occur in or out of hospital within 30 days following discharge from a hospital admission. It is reported at Trust level across the NHS in England using standard methodology.
Supported Discharge	Supported Discharge describes pathways of care for people transferred out of a hospital environment to continue a period of rehabilitation and recuperation at a similar level of intensity and delivered by staff with the same level of expertise as they would have received in hospital.
Upper Quartile	Quartiles are a set of values that divide data set into four equal groups, each representing a fourth of the population being sampled. In survey terms, performance in the upper quartile is the best that could be achieved, being in the top 25% of organisations.
Venous thromboembolism (VTE)	<p>Venous thromboembolism (VTE) is a condition in which a blood clot (thrombus) forms in a vein. Blood flow through the affected vein can be limited by the clot, and may cause swelling and pain. Venous thrombosis occurs most commonly in the deep veins of the leg or pelvis; this is known as a deep vein thrombosis (DVT). An embolism occurs if all or a part of the clot breaks off from the site where it forms and travels through the venous system. If the clot lodges in the lung a potentially serious and sometimes fatal condition, pulmonary embolism (PE) occurs.</p> <p>Venous thrombosis can occur in any part of the venous system. However, DVT and PE are the commonest manifestations of venous thrombosis. The term VTE embraces both the acute conditions of DVT and PE, and also the chronic conditions which may arise after acute VTE-such as post thrombotic syndrome and pulmonary hypertension-both problems being associated with significant ill-health and disability.</p>

Term	Description
World Health Organisation (WHO) Surgical Safety Checklist	<p>The aim of the WHO checklist is to ensure that all conditions are optimum for patient safety, that all hospital staff present are identifiable and accountable, and that errors in patient identity, site and type of procedure are avoided. By following a few critical steps, health care professionals can minimize the most common and avoidable risks endangering the lives and well-being of surgical patients.</p>

Independent Auditor's Limited Assurance Report to the Council of Governors of York Teaching Hospital NHS Foundation Trust on the Quality Report

We have been engaged by the Board of Directors and Council of Governors of York Teaching Hospital NHS Foundation Trust to perform an independent limited assurance engagement in respect of York Teaching Hospital NHS Foundation Trust's Quality Report for the year ended 31 March 2015 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2015 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period
- maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers.

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditor

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual' issued by Monitor.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual'
- the Quality Report is not consistent in all material respects with the sources specified in Monitor's 'Detailed guidance for external assurance on quality reports 2014-15', and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual' and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports 2014-15'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS Foundation Trust Annual Reporting Manual', and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes for the period April 2014 to April 2015
- Papers relating to quality reported to the board over the period April 2014 to April 2015

- Feedback from Commissioners, dated May 2015
- Feedback from local Healthwatch organisations, dated May 2015
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2015
- The national inpatient survey results 2014
- The national staff survey results 2014
- Care Quality Commission Intelligent Monitoring Report, dated March 2015; and
- The Head of Internal Audit's annual opinion over the Trust's control environment, dated May 2015.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of York Teaching Hospital NHS Foundation Trust as a body and the Board of Directors of the Trust as a body, to assist the Board of Directors and Council of Governors in reporting York Teaching Hospital NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2015, to enable the Board of Directors and Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body, the Council of Governors as a body and York Teaching Hospital NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information', issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators
- making enquiries of management
- analytical procedures
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation
- comparing the content requirements of the 'NHS Foundation Trust Annual Reporting Manual' to the categories reported in the quality report and
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient

appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the Quality Report in the context of the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual'.

The scope of our assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by York Teaching Hospital NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2015:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual';
- the Quality Report is not consistent in all material respects with the sources specified above; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual'.



Grant Thornton UK LLP

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27 May 2015

Performance Report

Performance Report

Key facts

York Teaching Hospital NHS Foundation Trust provides acute services for approximately 800,000 people living in and around the area of North Yorkshire and York. The Trust has responsibility for community services in York, Selby, Scarborough, Whitby and Ryedale.

Principal activities of the Trust

The principal purpose of the Trust is the provision of goods and services for the purpose of the health service in England.

Patient care

Patient Experience

Patient Experience is a key element of quality. Patients tell us that they care about their experience as much as the clinical effectiveness and safety. Patients tell us they want to feel informed, supported and listened to so that they can make meaningful decisions and choices about their care. They want to be treated as individuals and value efficient processes.

The Trust want patients to receive the best possible care and treatment at York Teaching Hospital NHS Foundation Trust. We are committed to improving the experiences of our patients and their families when they access our services.

The Trust welcomes feedback from patients, relatives and carers and there are a number of different ways the Trust captures this feedback including:

- National and local surveys
- Concerns and complaints
- Positive feedback,
- Involving service users through our Patient and Public Liaison forums

The Trust wants everyone who accesses services to have a high quality, positive experience.

Quarterly Trust-wide patient experience reports are reviewed by the Board of Directors. The reports bring together a range of patient experience information that ensures that patient experience is routinely considered at the most senior level.

Communication and staff attitude continue to feature as key themes in both complaints and compliments. In response to some of the complaints made, the Trust has introduced a customer care training module which uses anonymised complaints as part of the programme and delivered the programme to key groups of staff. Additionally, with the support of NHS Elect, (an independent consultancy body), and in partnership with the Patient Experience Team and Organisational Development, a train-the-trainer module has been developed that is now being delivered to front line staff by matrons and sisters.

Concerns, Complaints and Compliments

The Trust places a high value on concerns, complaints and compliments as a resource to provide assurance that the care and treatment provided across the hospitals and community services meets the needs and expectations of patients and the public in terms of quality, outcome and safety. The Trust recognises that complaints can provide a valuable insight into further improvements that could be made. Compliments enable the Trust to feedback to staff when excellent service has been given. Patients, their families and visitors are encouraged to share any concerns or suggestions they have so that their comments and suggestions can be investigated and responded to, and so that we can learn lessons from their experiences.

The Trust has an established Concerns and Complaints Policy and Procedure. Complaints can be made in person, by letter, email or telephone. All complainants receive an acknowledgement letter detailing who will investigate the complaint, their contact details and when a response can be expected. The acknowledgement letter also explains the role of the NHS Complaints Advocacy Service. The Trust will arrange a local resolution meeting with staff if requested by the complainant.

Our complaint correspondence also includes details of how to contact the Care Quality Commission, the independent regulator of all health and social care services in England.

Three information leaflets, How to Complain, PALS and the Quality of Care feedback form have been reviewed and replaced by a new leaflet, 'Your Experiences Matter', with the emphasis moving from how to complain, to how the Trust values and seeks feedback from patients, relatives and carers. It is recognised that not everyone finds it easy to feedback on their experience and this new leaflet will help towards creating an environment where people feel comfortable to do so.

All complaints received are reviewed weekly by the Chief Executive, Chief Nurse and Lead for Patient Experience.

Complaints

Between 1 April 2014 and 31 March 2015 the Trust as a whole received 655 complaints (including 101 resolved outside the procedure). Last year we received 687 complaints (123 resolved outside the procedure).

Each complaint received a written response from the Chief Executive.

Of the 554 registered complaints received, 81 cases are still being investigated as at 31 March 2014. Of the completed cases, 84% generated actions for improvement.

These plans highlight the key issues identified in the complaint investigation and define the improvement actions agreed at clinical team level.

Examples of actions implemented as a result of complaints include:

- Patient who experienced a change in vision should have been referred back to clinic sooner.

The Directorate recognised that aspects of the care pathway needed improving to ensure that there was a faster referral into the service when needed.

Actions included further training sessions for nurse practitioners and improvements to the written records of telephone calls to provide a clear audit trail of advice given.

- A relative complained that her mother, whilst receiving daily bed baths, had not had her hair washed due to access difficulties to the shower.

The ward recognised the importance of this for patients and their relatives and now provides dry shampoo on the ward as an alternative to washing hair with water and shampoo.

- Concern was raised by a complainant and by another patient in general feedback about prioritising certain patients.

The Medical Director wrote to all senior clinicians and directorate managers to remind them of the policy to avoid prioritising certain patients over other patients with the same clinical need.

- A relative complained about the care on an elderly medicine ward where the main issues were in relation to nutrition and hydration.

Following a meeting with the relative the Directorate reviewed the management of nutrition and hydration and identified a number of actions. These included the formulation of a 'Nutrition Standard' for the ward; review of ward mealtime processes; training for staff in relation to nutrition and fluid management with particular reference to the care of the patient with dysphasia; Introduction of the 'Patient Preference' signage to be posted at the head of every bed with the concurrent use of the 'Information for Visitors' signage explaining its purpose.

The learning from this complaint and subsequent improvements were shared with the patient and her relatives, whilst also being shared Trust wide.

- Several complaints regarding the inappropriate waiting area for gynaecology assessment were received.

The Directorate are using this feedback to support a business case to develop a more suitable area. In the meantime, staff have converted a dining room on Ward G1 to a waiting room with appropriate facilities to ensure patients can wait in a more peaceful and dignified environment.

Complaint Officers meet regularly with the management teams in Acute and General Medicine, Elderly Medicine, Orthopaedics and Emergency Medicine to review current complaints, identify any problems and offer support and advice. This is being extended to other directorates during 2015.

Quarterly meetings between Directorates and the Patient Experience Team are being reviewed and reformatted to ensure themes or trends from all sources of feedback;

complaints, Patient Advice and Liaison Service, National patient surveys or the Friends and Family Test are identified, acted upon and evidence of change and learning identified.

Following review and/or investigation by the Parliamentary Health Service Ombudsman (PHSO), two complaints were partly upheld, four complaints were not upheld (two of these cases received financial redress of £250 in recognition of distress caused). In the remaining 13 cases, the Trust is awaiting the outcome of the initial review.

Complainant satisfaction of complaint handling is not measured currently. The plan is to develop a questionnaire to use in the future.

In response to feedback from complainants the Complaints Officer role now incorporates the Family Liaison role for Serious Incidents to support the patient and/or relative and provide a coordinated approach.

Positive feedback

A total of 9123 examples of positive patient feedback were recorded by the Patient Experience Team across the whole Trust, in the form of letters, cards and emails. The Patient Experience Team and the Communications Team are developing a system for collecting and sharing the increased feedback received through social media sites such as Facebook and Twitter.

Examples of the positive feedback received by the Trust include:

Mr R “I was met with courtesy and made to feel at ease, the staff were cheerful, methodical in their advice and procedure. I would like to commend everyone involved in my seamless treatment.”

Mr B “You have a hospital and staff to be proud of all the staff I met did a brilliant job. The concerns over my health during the last months had become a really worry, but thanks to you all these have been alleviated.”

Mr D “I have been overwhelmed by the care, compassion, dedication and medical skills that I have experienced from all the staff, the cleaners, meal providers, nurses, doctors, surgeons and others who have helped in many ways. I have also attended a number of clinics and everybody without exception has been highly professional and reassuring. Their kindness has been very much appreciated and helped me through a difficult time.”

Patient Advice and Liaison Service (PALS)

PALS is now accessible via one phone number and one email address allowing patients and the public to access one seamless service, regardless of where they are calling from. PALS are based on the York and Scarborough sites with all four advisors responding to queries relating to any of our services.

The PALS service has a single point of contact for any Trust related enquiries from patients, relatives and carers. PALS Advisors listen to suggestions, comments and queries and help resolve concerns quickly. They provide information, advice and support to

patients, their families and carers. Patients and their families can telephone, write, or email for help or advice in relation to Trust services.

Most cases dealt with by PALS are resolved within 24 hours. PALS liaise closely with directorates to ensure that patient feedback reaches the appropriate service. However, the PALS service has dealt with an increased number of concerns that are complex and in some cases, should be dealt with through the NHS Complaints procedure but the contact does not choose this route. Where this happens, PALS will feed this back to the Directorate to respond to the concern but these issues now form part of the Chief Executive and Chief Nurse weekly complaint review meeting with the Patient Experience Team, where complaints are discussed.

In 2014/15, PALS handled 6395 patient contacts across the whole Trust, compared to 5742 in the previous year.

Actions taken as a result of PALS intervention include:

- **Audiology:** Patient commented that Audiology appointment letters lacked clarity, which was acknowledged by the service.

Following a discussion with the patient (who was happy with their overall experience), appointment letters have been reviewed and improved. Hopefully this improvement will also reduce the number of enquiries from patients to the service.

- **Endoscopy:** Following patient feedback, the Endoscopy department are reviewing aspects of the service which involves checking the patient's comfort score before they leave the department. If the patient raises any concerns they will now be able to discuss them at that time with the endoscopist.
- **Child Health:** A parent and child attended Children's Development Centre (CDC) and were advised to attend the outpatient department to have a blood sample taken. After a long wait, they were advised that there is a minimum age that the department could take a blood sample and parent and child would have to return to the CDC to have the sample taken.

Clinicians and nursing staff in CDC reminded of the age restrictions to prevent this happening again.

National Patient Survey

A series of annual surveys required by the Care Quality Commission for all NHS Acute trusts in England are carried out each year.

The purpose of the annual surveys is to understand what our patients think of healthcare services provided by the Trust.

Inpatient Survey 2014

Each year, every NHS Hospital Trust in England carried out the Survey of Adult Inpatients in the NHS as part of a national programme led by the Care Quality Commission, the regulator of health and social care services.

The questions within the survey cover the patients' pathway from when they are admitted to hospital to the treatment and care they receive whilst they are in hospital. It also focuses on the quality of how we communicate with our patients and the information that we provide, through to the point at which they are discharged from our hospitals.

The survey provides the Trust with an understanding of what our patients are saying about both York Hospital and Scarborough Hospital combined, which allows us to identify our Trust priorities for improvement, whilst still allowing us the opportunity to look at key priorities for each hospital site and speciality.

The results of the survey highlight many positive aspects of patient experience across the Trust, with the majority of patients reporting that:

	2012	2013	2014
Overall: rating of care 7+ out of 10	77%	77%	85%
Overall: treated with respect and dignity	78%	81%	79%
Doctors: always/sometimes had confidence and trust	81%	81%	83%
Hospital: room or ward was very/fairly clean	95%	98%	97%
Hospital: toilets and bathrooms were very/fairly clean	95%	96%	94%
Hospital: hand-wash gels visible and available for patients and visitors to use	91%	91%	94%
Care: always enough privacy when being examined or treated	88%	89%	91%

The results also highlight where improvements can be made. The Directorates each develop an action plan for improvement from the National Inpatient Survey which feed into the overall Trust action plan.

National Cancer Patient Experience Survey 2014

153 acute hospital NHS Trusts providing cancer services took part in the survey, accounting for every Trust that provides adult cancer care in England. All adult patients with a primary diagnosis of cancer, who had been admitted to hospital as an inpatient or as a day case patient, and were discharged between 1 September 2013 and 30 November 2013, were invited to take part in the postal survey.

The Survey was carried out on behalf of the Department of Health.

Like the National Inpatient Survey the findings are very positive, with patients reporting that:

- 93% of respondents rated their care as either excellent or very good
- 90% of respondents said that they were given easy to understand written information about their test

- 93% of respondents reported that the Clinical Nurse Specialist (CNS) definitely listened carefully
- 93% of respondents reported that the CNS gave understandable answers to important questions all/most of the time
- 97% of patients reported that staff told them who to contact if worried post discharge

A Trust-wide action plan is in place which focuses on the priorities identified from the survey. A main priority from the previous survey highlighted that we did not communicate nor provide information to patients equitably across the whole Trust. It is therefore encouraging to see that our results in these areas have increased and work continues to improve further in these areas.

The Friends and Family Test

The Friends and Family Test (FFT) introduced by the Prime Minister in 2012 and rolled out to acute trusts in 2013 is delivered across the whole Trust in all wards, services and departments.

The FFT is a simple, comparable test of patient satisfaction. It will enable patients to compare services, identify those who are performing well and drive others to take steps to improve. (NHS England, 2013).

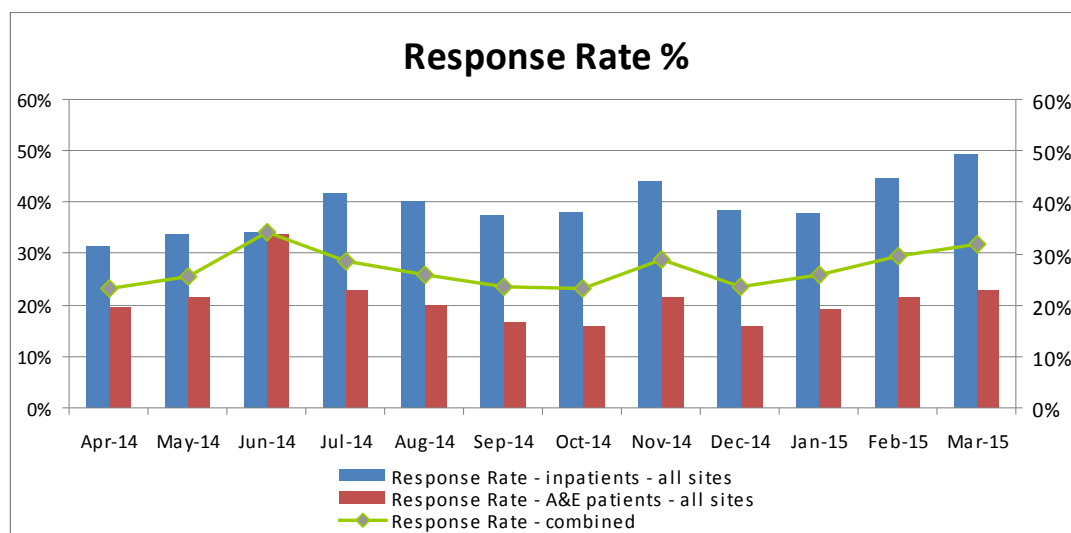
Patients are asked:

“How likely are you to recommend our ward and emergency department to friends and family if they needed similar care or treatment?”

All patients are further asked a follow-up question asking for them to explain the main reason for the answer they have given to the FFT question.

The Trust chose to use an A5 card and an online survey. Patients are given the card as early as possible during their hospital stay, and complete the card at the point of discharge or within 48 hours of leaving the hospital. Patients attending the Emergency Department complete either the card, online survey or respond via a text message option.

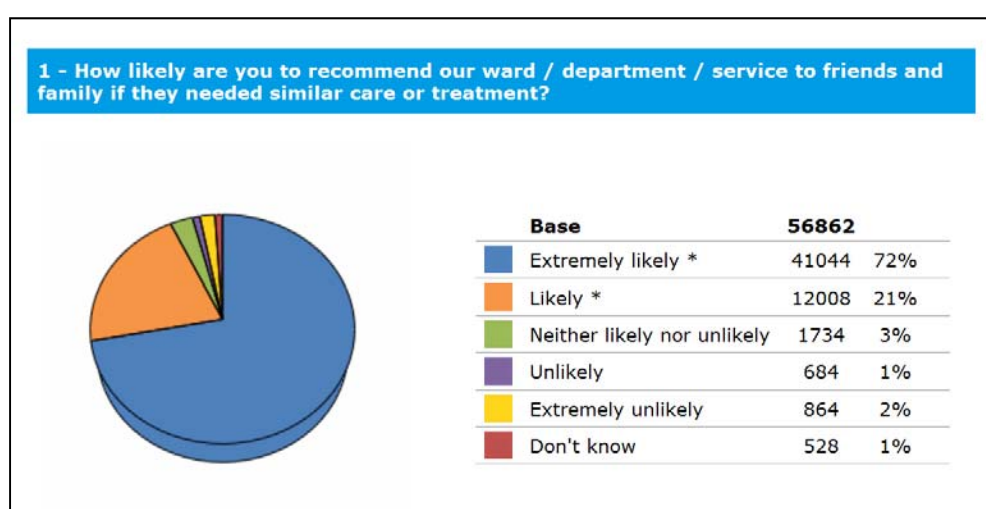
The Friends and Family Test is designed to measure patient feedback on a specific question, with some supporting information about why they have given that response. Patients can still use the other methods of giving feedback, and the process for contacting PALS, or giving a complaint or compliment through the patient experience team is still in place.



The Hospital Governors continue to work with other Trust volunteers within our Emergency Department supporting to staff with the Friends and Family Test and ensuring that patients are given the opportunity to take part in the Friends and Family Test. The support and help of both Governors and volunteers has been instrumental in increasing our responses from patients in the Emergency Department.

The FFT is a valuable source of feedback, which when used in conjunction with other feedback from PALS, Complaints, national surveys and staff feedback can provide the Trust with an overall understanding of what patients, accessing our services, feel about their experience and also highlight areas where we need to improve

Over the last 12 months (at April 2015) over 56,000 people have responded to the FFT question via cards, text messages and the token systems which were previously in use. This includes responses from inpatients and outpatients from all of our sites, as well as maternity service users and community patients.



The responses have been positive, with 93% likely or extremely likely to recommend the service they experienced.

Knowing How We Are Doing Boards

The 'Knowing How We Are Doing' boards have been developed and feedback from FFT and other sources is now incorporated on the wards and will be updated on a rolling basis. The Board now includes a section on 'You Said, We Did' from feedback which will demonstrate what the ward is doing as a result of feedback received.

The development of the 'knowing how we are doing boards' across all wards was rolled out this year. This displays feedback from the Friends and Family Test, PALS, Complaints and other feedback mechanisms being displayed for staff, patients and relatives to see what patients are saying about their experience on the ward. The knowing how we are doing boards will also provide information on a quarterly basis about what improvements have been made as a result of feedback through, 'You Said We Did'. The boards are updated on a rolling quarterly basis and are being rolled out across the whole Trust.

'Your Experience Matters' (formally the 'How to Complain Leaflet') has been reviewed, with the emphasis moving from how to complain, to how the Trust values and seeks feedback from patients, relatives and carers. The PESG has considered and fed back on the draft leaflet and Healthwatch (York's) readers panel is now reviewing the leaflet to ensure that patients and members of the public understand the content and offer suggestions if needed.

Service Led Surveys

Our Directorates actively encourage feedback from patients, relatives and staff and all undertake surveys each year to fully understand how patients experience our services. Directorates additionally use information from complaints, PALS information and the national CQC surveys which are carried out each year.

Examples of work where our directorates have proactively sought the views and feedback from our users are detailed below.

Elderly Medicine – Extended Visiting pilot

The Elderly Medicine Directorate at York Hospital trialled extended visiting times with the aim of increasing partnership working between relatives and carers, following a number of comments, concerns and complaints around relatives not being able to talk to staff during the standard Trust visiting hours. Visiting hours across York Hospital are currently 2.00pm to 3.30pm and 6.30pm to 8.00pm. The pilot on the Elderly wards saw the visiting times change to 2.30pm to 7.30pm.

The Older People's Liaison Group (OPLG) was involved in the initial decision to extend the hours. An important part of the pilot was the inclusion of views from patients, friends and family and staff about open visiting before agreeing a way forward.

At a meeting of the Older People's Liaison Group in April 2014 it was discussed and agreed that an independent review of the extended visiting times should be carried out by The Patient Experience Team. The Patient Experience Team agreed to work with other members of the OPLG and a Governor to develop a questionnaire to seek patient, relative, carers and staff's view of the pilot.

Interviews with patient and relatives were carried out face to face with the majority of visitors reporting that extended visiting times was positive for patients and visitors, although they were unsure if it was a good thing for staff. Staff responses echoed that they felt it was good for visitors but did not feel that having extended visiting was good for patients due to patients requiring rest. Staff also felt that care could be compromised when they tried to provide it.

One of the Trust's priorities for 2014/15 is to 'respond to patient feedback' and 'create an environment which enable patients and relatives to raise concerns without fear of repercussion or that care will be compromised'. The feedback from this question shows that visitors do find it easier as staff are available over a longer visiting period.

Has extending visiting times made it easier for you to talk to staff about any queries or concerns you may have about your relative?		
Answer Options	Response Percent	Response Count
Yes, definitely	33.3%	10
Yes, to some extent	10.0%	3
No, not at all	13.3%	4
I haven't noticed either way	43.3%	13
		26

The findings from the report were discussed at the Patient Experience Steering Group. The views of staff and visitors were acknowledged, however the main focus should be on what patients wanted and further feedback is being sought to determine whether extended visiting time continues or is adapted for the needs of patients, staff and relatives.

Parkinson's Patient Experience

The Parkinson's Specialist Nurse worked with the Patient Experience Team to look at ways in which she could capture the experience and views of patients and carers when they access our services. Different methods were agreed from a patient questionnaire for patients accessing the outpatient service within neurological services for those able to complete a paper questionnaire to capturing patient stories and running a focus group. The focus group was held during May and ran in conjunction with Parkinson's UK. The PALS team supported the group along with one a Governor who facilitated a session.

Twelve patients and carers attended an event facilitated by a Parkinson's UK representative and two volunteers (from the Patient Experience Team and Governors). The Parkinson's Nurse introduced the purpose of the group. Four questions were asked to stimulate debate with notes were taken around recent in-patient experience, consultant, nurse and therapy experience.

The themes captured included:

- Difficulties with self-medication in hospital and lack of understanding by staff about the condition
- Difficulties with getting medication on time
- Longer length of stay in hospital due to medications not being given on time

- Some patients commented on staff on ward 32 being “incredible” and “brilliant”
- Consultant experiences varied from being given too much and not enough information and recognition of individual needs
- PD Nurse experiences: identified need for newly diagnosed group, role of referring to other professionals recognised and availability of nurse when required not just at appointments valued
- Therapy experiences were positive as they felt in control and given ways of coping with condition
- General experiences were that face-to-face contact is better than information leaflets, feelings of loss and accepting condition at different rates, need for services to be flexible to individual needs.
- Patients also expressed issues of difficulties with continuing employment and lack of support given by employers and information about maintaining work opportunities.

Actions from the focus group included:

- Work shared with CCG group who are working with Neurological commissioning alliance to identify new ways of working in neurology for long term conditions
- Parkinson’s Specialist Nurse met with Lead for Medicines Management and identified PD meds are one of critical medications where monthly audit is occurring to identify wards not achieving around medication management. Lead identified introduction of electronic prescribing next year as having potential to improve prescribing. Lead for Medicines Management will identify and inform PD nurse where future training can be directed resulting from the audit information on critical medications
- Parkinson’s Specialist Nurses across the Trust met to develop guidelines for acute management of PD patient medication across the Trust.

User and Support Groups

The Trust has a large number of directorate led user and support groups who act as a valuable resource to the trust, providing us with a two way mechanism of sharing and providing information. These include:

- Eye Clinic Partnership Group
- Older People’s Liaison Group
- Renal Patient and Carer Reference Group
- Maternity Services Liaison Group
- York Limbless Support Group
- Travel and Transport Group

York Limbless Support Group

The York Limbless Support Group is a group of people who have all experienced the loss of a limb through amputation. The group was launched in May 2012 after a number of patients had spoken about the difficulties they had faced in the early stages of adjusting to life with an amputation. Staff within the service suggested that patients set up a support group for not only themselves, but for others who had had an amputation.

Patients believed that following their own amputation, it would have helped them to have met with other people who had already been through the experience of limb amputation and rehabilitation and give others the opportunity to benefit from their experience of amputation. The group was then set up and now offers support to other amputees, their partners or carers in an informal atmosphere.

A number of members of the support group have also undergone training to become volunteer visitors to patients who are either awaiting an elective amputation or following an emergency amputation. They are supported by the Amputee Specialist Nurse who delivers and supports the volunteer visitor through the training. The volunteer visitors offer patients the opportunity to talk about their concerns and to ask questions about life following an amputation.

Older People's Liaison Group

The Older People's Liaison Group (OPLG) is a long established group with membership from a wide range of community and voluntary organisations including The Alzheimer's Society, Age UK, York Older People's Assembly, Carers Centre and staff from across both health and social care.

The OPLG provides a forum for members to receive updates about the services provided by the Trust and discusses issues related to services provided, which affect and concern older people. The Group can additionally influence the planning, commissioning and delivery of services provided by the Trust which are of particular interest to older people.

Healthwatch

We believe that having effective stakeholder relations is crucial in developing high quality services. During the year we have continued to develop close working relationships with the three Healthwatch organisations which are part serve the geographical of the Trust. These are East Riding of Yorkshire, City of York and North Yorkshire.

All Local Authority areas have commissioned a local Healthwatch which work with local communities to enable patients and the public to share their views about health and social care. Healthwatch will ensure that the experiences of members of the public are understood and taken into account in the commissioning and delivery of health and social care.

The Healthwatch role is responsible for signposting to local health and social care services and additionally to independent advocacy in relation to NHS complaints.

Healthwatch has a strategic seat and voice on the Health and Wellbeing Board. Healthwatch will use this seat to ensure that the population have their say on issues that they feel are important to them through the Health and Wellbeing Board.

The Trust and Healthwatch met regularly over the year and are part of the Healthwatch Assembly which sees over 30 partner organisations meeting together to share information and best practice. The Medical Director spoke at Healthwatch (York) Annual General Meeting on discharge following commissioning changes to discharge arrangements and outpatient follow-up appointments.

An area of work that Healthwatch and the Trust are working together is on Discharge from Hospital and both Healthwatch North Yorkshire and Healthwatch York. During the year Healthwatch (NY) and Healthwatch (Y), separately wrote to the Trust to notify us of their Enter and View visits to Scarborough Hospital and York Hospital respectively. Healthwatch (NY) visited a number of inpatient wards; emergency department and pharmacy at Scarborough Hospital and Healthwatch (Y) were based within the Discharge Lounge at York Hospital and also on some wards.

A number of recommendations made by Healthwatch included:

- Standardise all procedures across wards, including dementia signs and compliment/complaint forms
- As much as possible, reduce the reliance on agency staffing, which should hopefully save costs
- There is a great need for a forum to be created for regular senior management and staff liaison, where staff can be empowered to be involved in some of the decisions that will inevitably affect their day to day work
- Consider asking all patients on admission and discharge whether they currently look after anyone and use this information to identify appropriate support within the community for the cared for person

The Trust accepted the recommendations made by both Healthwatch organisations and is taking forward the actions through a joint plan which is being overseen by the Patient Experience Steering Group.

Patient Experience Steering Group

The Trust has a Patient Experience Steering Group, chaired by the Chief Nurse which brings together key staff from across the Trust, along with Governor and Healthwatch representation.

The Group is responsible for the implementation of the Patient Experience priorities set by the Board of Directors and further provides assurance to the Board that the Patient Experience agenda is being managed in accordance with all key policy and delivery drivers.

Part of the Group's remit is to receive all National Patient Surveys and oversee the Trust response to actions arising from the surveys. It also provides a formal mechanism for service and user groups to contribute to the Patient Experience agenda and receives information and data from the national Friends and Family Test, along with Complaints and PALS feedback.

Community services

York Teaching Hospital NHS Foundation Trust has been commissioned to design, develop and deliver a care hub model in the Selby and District Locality.

Vale of York CCG has developed a five year vision for health care. In partnership with local authorities, resources will be combined to deliver a coordinated and integrated response to health and social care need. Key to this approach are local hubs, which will provide a

central point of access to health and social care services, across a defined geography and patient population.

As part of a longer term programme of development, York Teaching Hospital NHS Foundation Trust, working in partnership with North Yorkshire County Council, is testing three new services to provide health and social care to a defined population across the district.

Care Home In reach – started November 2014

- Comprehensive review of all care home residents jointly by GP and Elderly Consultant
- Includes nursing, mental health and pharmacy input
- Full medication review and care planning (including end of life planning) undertaken
- Educational benefit to GPs in optimal management of frail elderly patients

Community Response Team – started January 2015

- Clinical model co-designed between health and social care staff
- Co-located, joint health and social care team – nurses, therapists, social care co-ordinators and generic workers provide over 30 whole time equivalents
- Service operates 8am-8pm Monday to Sunday
- Responds to individuals in crisis to prevent non-elective admission and ED attendance
- Facilitates timely discharge once acute phase is complete and maximise independence to prevent re-admission and high intensity use of community resources
- Works with individuals to optimise function to ensure that they do not need to move into residential accommodation until they really have to
- Works closely with existing community services (health and social care, including mental health, and third sector) to ensure seamless transition and efficient use of resource

Frailty Clinic – small pilot in Ryedale (Scarborough and Ryedale CCG) started November 2014, expansion of clinic capacity in Selby in early 2015 to allow further testing
Provide comprehensive assessment of complex elderly patients

- Consultant supported by trainee Advanced Clinical Practitioner
- Will include Consultant Old Age Psychiatrist in Ryedale
- Referral on to specialist services, including community therapy, as required
- Provide detailed advice to primary care MDT to ensure care planning in place

What is different?

Holding the baton

The first multi-stakeholder workshop held to develop the model for the Community Response Team used a relay baton analogy to describe the change in approach. The described a current system where handover between services represented the baton being thrown in the hope it would be picked up by someone else. The approach of the new team

is to ensure that where handover to another service is required, the baton (responsibility) is not released until it has been safely taken by the next service.

Not saying no

When working with stakeholders, including GPs and acute staff, in the locality to determine the priority services for development a clear theme emerged. When trying to refer into services there was a regular experience of being told 'no' or that individuals 'don't meet our criteria' or services were not open. The design team therefore focussed on a model that would accept referrals and, where another service was more appropriate, would take responsibility and organise this – preventing the referrer from making multiple calls. The service is also designed to be available 12 hours per day, seven days per week and has very open criteria for referrers. This is balanced by a robust triage process to ensure individuals are directed into the most appropriate service for their needs. Close collaboration between the new Response Team and existing locality services is the key to underpinning this approach.

Joint design and implementation

Whilst the Care Hub development has been led by the Trust, the design process has been characterised by the joint working with North Yorkshire County Council. This has exposed the significant cultural differences between the organisations, but through the efforts and commitment of all involved there has been development of shared language and understanding. Front-line staff engaged in the clinical model design (from both health and social care) described the change from how the two currently work to recognising strengths and similarities they bring. Whilst recognising the challenges of delivering a joint model, there is a passionate belief that the 'one team' approach will deliver significant benefits – both in efficiency and experience for service users and staff.

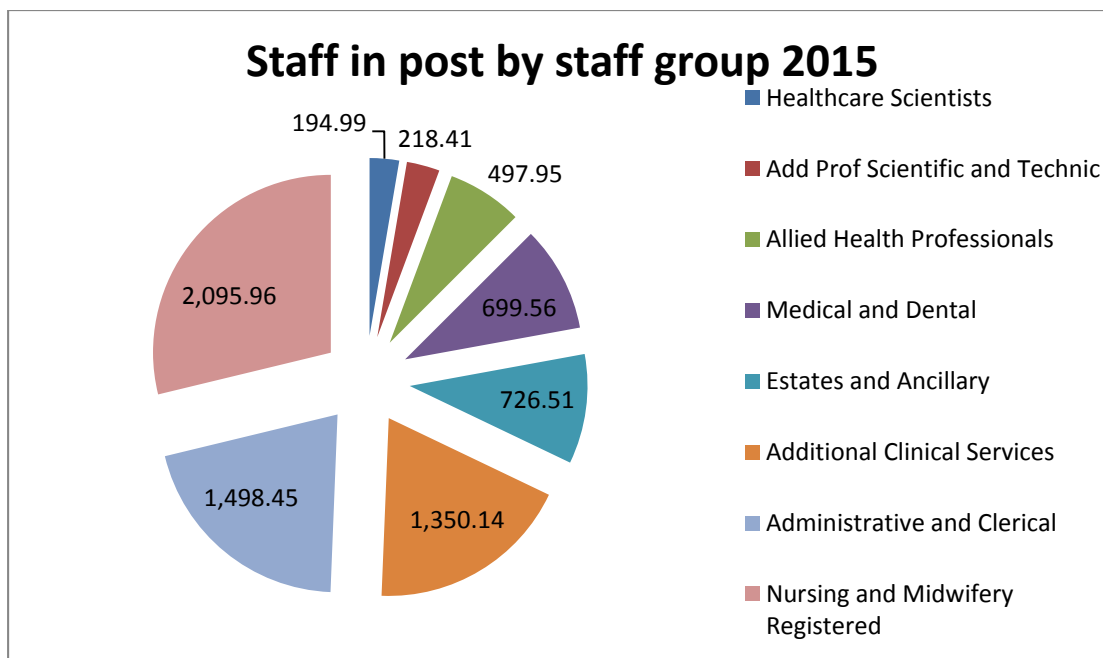
Phase two Developments

The following areas have been identified as potential developments through 2015:

- Develop the role of the Community Geriatrician further, including ambulatory care pathways
- Develop 'Discharge to Assess' models
- Closer integration between health and social care, looking at joint appointments and management structures
- Closer integration with existing locality teams
- Closer integration with mental health services

Our staff

The table below shows the number of full time equivalent staff we have in post during the year in the Trust:



(Data as at 28th February 2015)

The figures included in the chart above do not include bank and agency staff.

Gender profile

The breakdown below includes information about staff at the end of the year in terms of male and female staff, directors, other senior managers and employees.

	Female		Male		Total
	Headcount	% of group	Headcount	% of group	
Directors	7	46.67%	8	53.33%	15
Senior Managers	44	62.86%	26	37.14%	70
All other staff	6908	79.89%	1739	20.11%	8647

Sickness absence rates

NHS sickness absence figures for 2014-15 have been supplied by the Health and Social Care Information Centre based on data from the Electronic Staff Record Data Warehouse, and cover the period January 2014 to January 2015.

	OCS code	Average of 12 Months sickness rate	Average full time equivalents (FTE) 2014	FTE-Days Available	FTE-Days Lost to Sickness Absence	Average Sick Days per FTE
York Teaching Hospital NHS Foundation Trust	RCB	3.6%	7,081	1,593,253	57,905	8.2

Consulting with our Staff

The listening exercise

During 2013 a Listening Exercise was carried out to gain a snapshot of staff opinion in the Trust a year after the formal acquisition of Scarborough Trust and two years since community services became part of the organisation.

Comments were invited on any and all aspects of working life, from the Trust environment, to performance, to the culture of the organisation.

One of the main themes that came through in the responses related to communication and consultation with staff.

In response to this and other feedback relating to communication within the Trust (for example, the NHS Annual Staff Survey), a new approach to internal communications was launched in November 2014.

Key elements of this include:

- Producing a film version of the Chief Executive's regular staff brief, which is made available for staff on the intranet and on YouTube
- Drop-surgeries at all sites for staff to talk to the Chief Executive and raise and issues or questions
- Increased use of the Trust's social media channels to engage with staff as well as the public

The communications team and HR are working closely on a renewed strategy for staff engagement.

Workforce and Organisational Development

In April 2014 the Director of HR left the Trust. Following discussion, the Board agreed that for an interim period the Director of Applied Learning and Research would lead both Directorates, pending a review to ascertain if the Trust would be better served by integrating the functions. In December 2014 a new Workforce and Organisational Development Directorate was created. This has allowed the integration of all elements of staff wellbeing, recruitment and retention and fostered a more holistic view of how, what and where development and learning interventions enhance care and delivery of Trust business. This has created a significant change for the staff working across the Directorate requiring them to be flexible, responsive and open to looking at how we create greater

efficiency and reduce perceived duplication. The team has risen to this challenge and has gone through a re-structure streamlining the work of the Directorate under four distinct headings:

- Being attractive to new staff
- Getting the best out of our current workforce
- Looking after our current workforce and ensuring their health and wellbeing
- Developing a workforce fit for the future

Nationally there is pressure to recruit and retain staff, for the first time York has experienced a significant number of vacancies and has had to be innovative in its approach to attracting and retaining talent. The Trust has concentrated on ensuring that there is equal weight given to the skills people have and the way they are recruited. The national context of increasing regulation and demands on services has placed staff and teams under pressure to continue to deliver high quality care. Without well motivated staff we know patient care is compromised. The directorate actively supports the organisation to care for our staff and provide infra-structure and development to enable them to respond to these challenges.

The directorate has a strong record of working with partners and have developed this further to increase local links, recognising that the Trust serves local communities. If staff are recruited locally they, as users, have a vested interest in ensuring our services remain of a high quality.

A team within the Directorate which is critical to ensuring our patients receive the highest quality of care and have access to new treatments is the Research and Development Unit.

The Research and Development Unit has undergone a re-structure and have aligned to the national approach implemented by National Institute for Health Research (NIHR) of working across care divisions which comprise a number of specific disease pathways. The national objectives have been mapped to local delivery plans. Across the Trust:

- 84 new studies began (compared to 91 in 2013/14)
- 316 studies were actively running (compared to 355 in 2013/14)
- 82% of active studies (261) were on the NIHR Portfolio (compared with 76% in 2013-14)
- 13% of active studies were commercially sponsored (compared to 10% in 2013/14)
- 12 Trust sponsored studies were active in the year (compared to 14 in 2013/14)

The fall in the number of studies is partly as a consequence of significant operational pressures, particularly in Scarborough, however the proportion of NIHR portfolio adopted studies increased for the fourth consecutive year. The Trust has in place an Research and Development Group that oversees research governance on behalf of the Trust in its role as sponsor, funder or host of research studies. Group membership includes, representatives from the Trust, health professional academics and lay members.

In November 2014 the role of Head of Research and Development was introduced followed by a review of a number of processes and roles within the Research and Development Unit.

Being attractive to new staff

In 2014/15, the Trust has undertaken innovative campaigns for recruitment to vacancies for both clinical and nursing staff positions including careers fairs, open days and city visits.

In 2015/16, in order to ensure a timely, efficient and effective recruitment process the Trust will be extending the current centralised approach to clinical recruitment, to nursing recruitment.

All positions within the Trust are now recruited with an emphasis on values and attitude as well as skills and experience to ensure we have a caring and patient focused workforce. Medical and Senior Management positions are recruited through an assessment centre based approach to ensure competencies such as leadership and communication are tested appropriately. This ensures the right individuals are employed to key positions supporting the ethos of a patient centered approach to service.

Recruitment to clinical positions generally is becoming more challenging and to ensure the Trust has access to the best possible employees it is developing initiatives to ensure it is seen as the 'employer of choice.'

This includes the development of a voluntary benefits package which allows staff to select benefits that are suited to them and their lifestyle.

Development opportunities are also provided to all new band 5 registered nurse recruits through their induction programme with ambitions to move towards a longer term development programme. Newly appointed healthcare assistants are provided with support at induction and the opportunity to follow an established career pathway programme of development including the opportunity to attain Cavendish standards at entry and moving a healthcare assistant career pathway and attain CQF qualifications at both level two and three.

The Corporate learning and postgraduate teams have reviewed corporate induction content to ensure more targeted, streamlined sessions.

Both Postgrad and HYMS teams provide shadowing opportunities within the organisation for final year UK medical students and a small number of overseas graduates. They also organise a 6th form shadowing programme for students considering a career in medicine and participate in secondary school Career Events with HR. The development of an NHS Ambassadors group is currently being considered.

As one of its strategic aims, York Teaching Hospital NHS Foundation Trust looks to attract new staff with an interest in research. The Research and Development Unit employs two Research Advisors who work closely with new staff to help develop ideas for research studies into reality. The Trust also has close links with the University of York, the Yorkshire and Humber Research Design Service and the Hull York Medical School. A number of research specific training courses are available for staff including Good Clinical Practice for research (GCP).

The Trust also hosts the York Clinical Research Facility (YCRF), one of a small number of non-commercial CRFs in the North of England. The YCRF is well established and

generating research income in its own right. The YCRF is led by a Research Adviser (strategic lead) and the Lead Research Nurse Co-ordinator (operational lead).

The YCRF has already successfully run a number of early phase studies, both commercial and non-commercially funded and sponsored trials. It is currently running a Phase 1 trial, funded by the European Union to investigate the use of microbicides in the prevention of HIV transmission.

The University of York and the Trust have entered into a collaborative agreement to further develop the YCRF. A Steering Group with membership from both Organisations has been established and the process of appointing a Director who will manage the Facility through an established formal Management Group has commenced.

Getting the best out of our current workforce

The HR Directorate following re-aligned their services have developed a business partnership approach to ensure a pro-active service. This includes working closely with staff side colleagues to reduce the current HR Policies by over 50% to make the processes simple for both staff and managers.

In line with our workforce strategy HR have continued to look at ways to understand and reduce spending on temporary workforce. The roll out of the electronic rostering system is currently underway at Scarborough and the next year should see this work completed. An internal nursing bank model at Scarborough has proven positive outcomes and efficiencies. Work is now been undertaken to implement the same system at York.

The HR Department has also supported a number of key re-organisations including restructure of matron support and Allied Health Professionals and the relocation of Orthopaedic surgery to Bridlington Hospital. These changes have ensured that the Trust is providing safe and quality patient care in a challenging financial environment.

Corporate Development have continued to deliver existing and implemented new internal development programmes including leadership development, service improvement learning, enhancing patient experience and conflict resolution, Matron and Allied Health Professional development

Following the success of the 'It's my ward' band 7 programme, ODIL have created additional modules for Ward sisters – 'my well organised ward' and 'Improving the patient experience'. A similar programme for Band 6 sisters has also been developed.

The Clinical Development Team (CDT) were recognised by a Quality Assurance Management Process award from Health Education Yorkshire and Humber. The team have continued to develop their existing portfolio and deliver new internal online training packages most notably including immunisation and vaccination, consent for care, for non-registered staff and training for Community staff to improve quality of care for patients e.g. blood taking. Some of this work has provided an income generation stream.

The Resuscitation Team have continued to provide training at a number of levels, in addition to supporting the Trust in developing the quality and safety of its resuscitation services and supporting infrastructure including, involvement in the development of a DNACPR process and educational package, working with switch board to achieve accurate

recording of 2222 call data in York and the development of a Cardiac Arrest documentation sheet to aid accurate recording in patients notes.

The Workforce Development team focuses on both role development and redesign e.g. incorporating the Calderdale Framework into new roles.

The Clinical Work based Learning Team continues to support the development of the clinical workforce bands 1-4, most notably this year the team has developed a program for HCAs covering the 15 Cavendish Care Certificate Standards and worked with the National Open College Network to gain Level two accreditation. This work was showcased in London at “National Learning Exchange for the Care Certificate” and has generated external interest and created the opportunity for income generation.

The Medical Devices Team continue to support staff in medical device training in addition to supporting the infrastructure required to improve quality and safety e.g. development of e-Learning packages for Nursing, Health Care Assistants, Allied Health Professionals and medical staff, reviewing Datix (adverse incident) forms and responding with training as appropriate.

In line with the Trusts workforce and education strategies the corporate learning teams have continued to look at ways to streamline services and provide value for money whilst maintaining quality. Significant restructure and process change have taken place during the last twelve months, driven partly by the implementation of a new online learning management system, Learning Hub. This is a flexible, accessible, user friendly learning portal ensuring consistency of education, quality assurance of processes and provision of robust data. It has allowed new approaches to be adopted and administration activity to be streamlined, eliminating duplication of effort.

Staff are involved in the development of clinical skills and simulation resources including appropriate training environments and the development of a central knowledge base around clinical skills and simulation. Successful funding bids to Health Education England (HEE), have contributed to clinical skills and AV equipment, a control room for enhanced simulation and additional development of Staff grade doctors.

Multi-professional training e.g. Acute Illness Recognition and Assessment of patients is being supported by the Postgrad Medical Education team working with clinical colleagues and simulation generally has moved from reliance on mannequins to immersive simulation in-situ. These developments have been supported by a new team of Clinical Skills Technicians and Apprentices.

The Mandatory Training team’s primary aim is the identification and co-ordination of all corporate statutory and mandatory provision across the organisation, regardless of delivery point or method. The team’s role has been expanded to include the proactive identification of risk related issues - where learning has been identified as beneficial/required. They also provide, where appropriate, an input service for other risk related learning. Key successes include completion of a significant project, the centralisation and smooth transition to new learning system, Learning Hub with minimal disruption to the learner and a total review of mandatory nurse training, statutory and mandatory packages resulting in more targeted training. Work has also progressed with subject leads to identify more cost effective and innovative ways of delivering the training, so reducing the time burden associated historically with statutory and mandatory learning.

The implementation of Learning Hub as the organisational learning portal has involved this team working very closely with the Learning Technologies Team who are responsible for the day to day maintenance and development of Learning Hub. They provide support to training teams who use the system to deliver learning and expertise in developing the e-learning packages. In terms of benefit to the end user, the system holds all training records and staff can access it easily to book their training and there are inbuilt reminders to tell staff when their next statutory/mandatory training is due. The system, which went live in August 2014, captures full details for all new starters and leavers and is accessible by their managers. Processes have also been introduced so that staff who do not have an email account can still access Learning Hub. Since August, organisational compliance with statutory mandatory training has increased month on month with some topics having reached their target levels of 75% compliance. Up to mid-March there have been 30,000 course completions by staff.

In January 2015 the teams began work with the Blood Transfusion Practitioners, enabling them to administer their own courses and run compliance reports, giving them more flexibility to organise and monitor face to face blood transfusion training.

In Postgraduate Medical Education, the senior management team has been restructured. A Trust post has been created for a Medical Education Fellow and a Simulation Lead. The senior team have delivered and evaluated training sessions for clinicians including locally for the Supporting Doctors process, and regionally for Clinical and Educational Supervision. They also represent the Trust at regional committees and appraisal panels and have been invited to speak at regional conferences.

There have been changes made to the professional development programme for Foundation doctors through the use of simulated patients (actors) in challenging communication scenarios and study days to 'bridge the gap' between foundation and specialty training.

There has been continued partnership work with HYMS to align undergraduate and postgraduate medical education. Postgraduate teaching programmes have been extended to Advanced Clinical Practitioners. All online learning for junior doctor induction has been standardised across sites and is accessible via the Learning Hub.

A Service Improvement project has led to the pilot of a new electronic handbook for doctors in training, accessible on mobile devices and designed to improve induction and orientation into the organisation. The team have participated in the regional pilot of a new Quality Management system managed by Health Education Yorkshire and the Humber.

Members of the team have participated in various developmental opportunities e.g. Senior Leaders, Emerging Leaders, Service Improvement, NVQ Level 2 and 3 programmes, and are nominated Fairness Champions. At the Health Education Yorkshire and Humber Quality Management Visit in June 2014, trainee doctors described a fantastic team spirit and sense of community and a friendly and supportive environment. Trainees would recommend their posts to others and there was evidence of abundant teaching opportunities and excellent teaching. Trainees particularly commended on the support they receive and good working relationships with clinicians and nursing staff.

The Trust has been an active partner with the Hull York Medical School (HYMS) since September 2003 and is now approaching 1000 new doctors graduated. The year 2014-15 has brought many challenges to teaching delivery due to changing service provision and pressures on clinical services generally. The HYMS teams at both sites have been innovative in ensuring that the students remain able to access good quality learning experiences across the clinical specialities and have worked closely with medical teams to address short-term variations in tutor availability. HYMS and partner organisations are focussing currently on the implementation of a complete Curriculum review with significant changes to teaching and assessment. Accommodation for the students has been an issue which has been resolved in Scarborough and a long-term plan for York placements is being developed.

In September 2014 the Health Library team provided a submission for the national Library Quality Assurance Framework and achieved 100% compliance with the standards. In May 2014 they introduced radio frequency identification technology at both York and Scarborough with the purchase of self-issue machines to enhance user experience.

The Library team recently surveyed community based staff about their library and information needs. The results were used to inform service changes such as the introduction of a postal loans service, more involvement in Governance meetings and promotional visits to the sites.

The library continues to expand the York Library Information Gateway portal, an electronic gateway to health and management journals. Trust staff using these resources has almost doubled in the last five years. Audit of the top ten resources accessed over the last two years showed an increase in the use of online resources indicating that staff are starting to use mobile technologies much more to access information.

The Clinical Librarian team based at both York and Scarborough Hospitals continues to support the work of clinical and non-clinical departments by providing evidence based information, literature searches and critical appraisal training. They are involved in cross Trust projects and activities including those for Community staff.

Research and Development communicate their work to current research-active staff via email newsletters and the Research and Development website is:

www.northyorksresearch.nhs.uk

Published on the website are the Trust's research Standard Operating Procedures (SOPs). These are essential for all research organisations, particularly in relation to clinical trials of investigational medicinal products (CTIMPs). The Trusts CTIMP SOPs are used as models by many NHS organisations across the country. The Trust collects data from research teams on a monthly basis in order to review performance and optimise the deployment of staff in order to deliver on our research portfolio.

Following reorganisation of the Clinical Research Networks (CRN) within the National Institute for Health Research (NIHR), York Teaching Hospital Trust has become a member of the Yorkshire and Humber CRN. As one of the partner organisations, the Trust continues to benefit from funding investment to support staff in a wide range of posts and consultant sessions. The Trust is required to provide quarterly performance reports to the NIHR Central Commissioning Facility providing an overview of recruitment to clinical trials.

This report can be found on the Research and Development section of the Trust's external website at:

http://www.yorkhospitals.nhs.uk/our_services/research_development/

The Research and Development Unit continue to provide services under contract to the University of York, so enabling them to meet their legal obligations. The Unit together with Lead Research Nurse Coordinators (LRNCs) continue to look to increase the number of industry trials undertaken in the Trust, supporting the NIHRs high level objectives and increasing income for the Trust. As a Trust we have met 90% of the recruitment targets set for our commercial activity and continue to work closely with industry to promote York as a centre of excellence for all phases of research in the future.

Looking after our current workforce and ensuring their health and wellbeing

The Trust sets a high priority on ensuring the good health and wellbeing of our staff. The Trust has an approved Staff Health, Wellbeing and Engagement Strategy encompassing a holistic approach to staff health and wellbeing. Progress on the strategy is overseen by a Health and Wellbeing Steering group. The Trust is working on a number of key development areas currently including planning for our ageing workforce and strengthening the staff engagement framework and voluntary benefits.

The HR team are working closely with managers and staff to develop a simplified appraisal process aligned to expected behaviours, Trust values and work objectives. The simplified process allows employees to be easily identified for talent management opportunities and identify those who may need further development and support.

The Occupational Health and Wellbeing Service (OH and WBS) achieved A1 status national accreditation from the Royal College of Physicians for Safe Effective Quality Occupational Health Services (SEQOHS) in March 2014. OH and WBS have continued to provide reactive and proactive support to the employees and managers of the Trust throughout 2014/5. The restructuring and review of staff skill mix within the team has enabled continued service provision in the face of rising levels of activity without any increase in budget. Leaner, smarter systems have allowed the team to be better able to respond to changing Trust and staff pressures.

There are now more opportunities for staff to engage with Occupational Health to improve their health and utilise the services in a more proactive manner such as an introduction of the staff prescription for all managers to use which provides a one stop process signposting staff to relevant support structures within the Trust. Also the development of an Employee Assistance Programme ensuring 24hr access to a counsellor, financial, legal and management help lines, CBT, family support, on line resources and self-help groups and the recruitment of a health promotion specialist.

The service continues to ensure the Trust remains compliant with all legislative requirements relating to the health of the workforce and routine activities such as sickness absence case management, immunisations, manual handling and ergonomic assessments. Occupational Health supports over 50 external companies and has gained new contracts

whilst losing others due to the recession. The income generated ensures that the service frees up budget for Trust use on the wider health and wellbeing agenda.

Coaching, Mentoring and Mediation. An additional internal coaching supervisor has been trained to support coaches in practice. Five members of the ODIL team have been trained in team coaching and one as an internal coaching supervisor.

There is an increase in access to the coaching, mentoring and mediation services both internally and from our partners (Joseph Rowntree Foundation and City of York Council), supported by the team's continued provision of new coach training and the development of a coaching strategy. YTHFT are now members of EMCC (European Mentoring and Coaching Council). In terms of development, work is underway to train more coaches in Scarborough and team coaching is being offered more widely.

Across the dispersed organisation there are currently 76 trained coaches plus a further ten from our JRF partners. A further 429 individuals from across all staff groups have attended the one day, 'Introduction to coaching course' so that skills are readily available in the workplace.

Total coaching interventions between 2007 and Nov 2014 number 818 one to one sessions, 12 partnership sessions and since 2013, 15 team sessions. The key themes identified include career progression, team cohesiveness, stress management and achievement of a work based goal.

Work has begun on a new Mentoring database at regional level due for release in March 2015 and mentors are currently being recruited from Emerging and Senior Leaders programmes in preparation for implementation. The mediation service has been well utilised, creating a need for more mediators. Work is being done to source and provide training to fulfil this.

ODIL have been developing the OD Consultancy methodology which now includes the extended use of team coaching, allowing the team to bring learning into the team setting and operational environment. There have been 45 requests for work over the last year, covering most directorates. Key strategies have been developed to underpin this vision which will see the service more closely aligned to strategic and operational objectives of the organisation.

The Research staff workforce continues to grow and develop within the Directorate, co-ordinated and managed by the LRNCs. The number of Research Nurses in York and Scarborough has grown from 32 to 35 this year. The number of Clinical Trial Assistants has remained level at 13, further supporting the way clinical trials and other complex research projects are managed to a high standard in the organisation.

There continues to be regular assessments of skill mixes within research teams utilising the CTAs, a data manager and the developmental band 5 research nurses to assist with this process.

During 2014/15 the Research and Development Unit and research teams have worked together and within their networks to raise the profile of research activity in the Trust for staff, patients and the public. Information about research is now more readily available

assisted by running events such as International Clinical Trials day, coffee mornings, Twitter accounts and visibility days.

Developing a workforce fit for the future

The Trust is faced with the demographic challenge of an ageing workforce. Work is being underway to deliver a more age diverse workforce including assessing ways to attract younger staff. This includes arranging career days for school children and scoping the potential of offering summer contracts to young people to gain real life, paid work experience.

The Trust has commissioned an Ageing Workforce Task and Finish group to take forward a number of workstreams around the ageing workforce issue i.e. better workforce and succession planning and job redesign.

The restructure of Occupational Health means that we are looking to work alongside the Workforce directorate to see what the possibilities are for developing a trading arm in order to sell non OH services. A scoping project will provide options, so that decisions can be made as to the most appropriate services to be marketed in order to provide a more commercially based income stream to support the wider staff wellbeing agenda.

The Practice Education Team was established to deliver the nationally required outcomes for the 'Quality Placement in Healthcare Best Practice Guidance' (Health Education Yorkshire and Hull, 2014) which brings additional funding into the organisation to support the development of learning environments for non-medical health care students. Work so far has included establishing baseline data and setting up a supporting infrastructure. The focus of the team going forward is to continually improve and develop practice placements, ensuring the future workforce can develop the skills and knowledge required to deliver high quality safe care. By ensuring quality placements the team can positively contribute to the next generation of healthcare professionals, and encourage their return as employees of the organisation.

The Trust has continued to develop and expand the new role of Advanced Clinical Practitioner (ACP), providing a different and sustainable workforce model, bridging roles between senior nurses and junior doctors. The group are managed through Postgraduate Medical Education. The first pilot cohort has completed their basic training and is now working in clinical areas. A second larger cohort has been recruited. The Trust has taken a local lead in introducing this role and is sharing experience and good practice regionally.

The Corporate Learning Team work to support non-mandatory training through the use of an organisational Training Needs Analysis (TNA) and have begun work on a new national initiative, 'The Talent for Care'. This provides funding for the development of Bands 1-4 support staff, aiding recruitment and retention and allowing for flexible role development. They are also involved in developing and supporting Apprenticeship Schemes, working across all sectors of the organisation. A team member was awarded the Health Education Yorkshire and Humber Apprentice Supporter of the Year' Award for 2014.

During 2015/16 there will be some major changes to the way research is reviewed and approved nationally in England. This is being led by the Health Research Authority (HRA). The coming year will also see the introduction of a new set of regulations from Europe relating to drug trials. The Research and Development Unit has begun reviewing the Trust's

processes in preparation for these changes and will ensure that relevant staff are kept up to date with the new regulatory requirements.

Review of Financial performance

Fair view of the Trust

The table below provides a high level summary of the Trust's financial results for 2014/15.

Summary financial performance 2014/15

	Plan £million	Actual £million	Variance £million
Clinical income	401.7	399.7	-2.0
Non-clinical income	35.6	41.4	5.8
Total income	437.3	441.1	3.8
Pay spend	-293.6	-300.1	-6.5
Non-pay spend	-145.6	-152.4	-6.8
Total spend before dividend, and interest	-439.2	-452.5	-13.3
Operating deficit before exceptional items	-1.9	-11.4	-9.5
Transition Support	12.2	12.2	0
Dividend, finance costs and interest	-7.2	-6.5	0.7
Net surplus	3.1	-5.6	-8.8

Statement of Comprehensive Income 2014/15

Clinical income totalled £399.7m, and arose mainly from contracts with NHS Commissioners, including Vale of York CCG, Scarborough CCG, East Riding CCG, NHS England and Local Authorities (£397.0m), with the balance of £2.7m from other patient-related services, including private patients, overseas visitors and personal injury cases.

Other income totalled £41.4m and comprised funding for education and training, for research and development, and for the provision of various non-clinical services to other organisations and individuals.

Under the terms of the agreement to take over the former Scarborough and North East Yorkshire Healthcare NHS Trust, the Foundation Trust has received additional transition funding of £12.2m in 2014/15. In 2015/16, the Trust will continue to receive transitional support in relation to the SNEY integration programme

The Trust re-values all of its property fixed assets, including land, buildings and dwellings at the end of each year, to reflect the true value of land and buildings, taking into account in year changes in building costs, and the initial valuation of new material assets. In 2014/15 this revaluation gave rise to an impairment loss included in the operating surplus above of £4.7m.

At the end of the financial year, the Trust reported an income and expenditure deficit of £5.6m, compared with a planned surplus of £3.2m, in part due to the loss from the asset impairment (£4.7m); with the balance due to increased agency/ locum costs caused by

medical and nursing recruitment difficulties, and reduced elective income caused by increased emergency demand affecting elective capacity.

Accounting policies

The Trust has adopted international financial reporting standards (IFRS), to the extent that they are applicable under the Monitor Annual Reporting Manual.

Cash

The Trust's cash balance at the end of the year totalled £18.5m.

Capital investment

During 2014/15, the Trust invested £22m in capital projects across the estate. The major projects on site during that period included:

- Creation of a new ward at Scarborough.
- Replacement of the CT scanner at York.
- Replacement boiler plant and lighting to increase energy efficiency and reduce carbon emissions at York Hospital
- Completion of the major refurbishment of the staff and visitor restaurant and main production kitchen at York
- Completion of the new car park at Scarborough Hospital.
- Completion of the satellite Renal Unit at Harrogate District Hospital.
- Completion of the mobile theatre development at Bridlington Hospital.

The Trust continued its programme of enhancing and replacing medical and IT equipment and plant across all sites, through a combination of purchasing and lease finance.

On 1 July 2015 Whitby Hospital expected to transfer to NHS Property Services; this transaction will be reflected in 2015/16 Annual Accounts.

Planned capital investment

Capital investment plans for 2015/16 include:

- Further improvements to the Emergency Department at York.
- The replacement of Radiology Lifts at Scarborough Hospital.
- Significant investments in radiology equipment at Scarborough Hospital.
- Improved ward access security at York.

A key Trust focus remains on reducing backlog maintenance and investing in our IT infrastructure.

Land interests

There are no significant differences between the carrying amount and the market value of the Trust's land holdings.

Investments

There are no significant differences between the carrying amount and the market value of the Trust's investment holdings.

Value for money

The Trust has a proven record of implementing resource management cost improvement programme aimed at delivering efficiencies, to support the Trust in making outstanding use of its available money, staff, equipment and premises. Good resource management provides clarity of focus and is usually linked to improved patient care. The work involves linking across the Trust to identify and promote efficient practices.

In 2014/15 the Trust was required to delivery an efficiency target of £24m. This was devolved to directorates based on their available budgets. The amount achieved in 2014/15 was £26.9m; £2.9m above plan.

Political and charitable donations

No political or charitable donations were made during the year.

Accounting policies for pensions and other retirement benefits

Past and present employees are covered by the provisions of the NHS pension scheme. The scheme is accounted for as a defined contribution scheme. Further details are included in the accounting policies notes to the Trust's annual accounts.

Significant events since balance sheet date

There are no significant events since balance sheet date.

Directors' statement

So far as the directors are aware, there is no relevant audit information of which the auditors are unaware. The directors have taken all of the steps that they ought to have taken as directors, in order to make themselves aware of any relevant audit information, and to establish that the auditors are aware of that information.

Regulators

Care Quality Commission (CQC)

York Teaching Hospital NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is 'Registered without conditions'.

The Care Quality Commission has not taken enforcement action against York Teaching Hospital NHS Foundation Trust during 2014/15.

York Teaching Hospital NHS Foundation Trust has not participated in any special reviews by the Care Quality Commission during the reporting period. The Trust was subject to a Care Quality Commission inspection over three days from 17-20 March 2015. At the time of writing this report the Trust had not received the final report.

A further unannounced inspection took place on 30-31 March 2015. This was part of the full inspection.

The Care Quality Commission has not taken enforcement action against York Teaching Hospital NHS Foundation Trust during 2014/15.

York Teaching Hospital NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Visits from CQC

The Trust has been subject to a full inspection as part of the CQC's routine inspection programme in March 2015. The Trust has not been subject to any other inspections during the year.

Governance Report

NHS Foundation Trust Code of Governance

York Teaching Hospital NHS Foundation Trust has applied the principles of the NHS Foundation Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012. The Trust reviewed its governance arrangements in light of the code and makes the following statements:

Directors

The Trust is headed by a Board of Directors; it exercises its functions effectively, efficiently and economically. The Board is a unitary board consisting of a Non-executive Chairman, six Non-executive Directors and seven Executive Directors. During the year the Board made a number of changes to its membership. At the beginning of the year the Chief Nurse and Chief Operating Officer role was held by the Deputy Chief Executive. The Board appointed a separate Chief Nurse and Chief Operating Officer; both roles are Executive Directors and are members of the Board of Directors. The Deputy Chief Executive remains a member of the Board with a revised portfolio focus on community services and working with other stakeholders.

The Board of Directors provides active leadership within a framework of prudent and effective controls and ensures it is compliant with the terms of its licence. The Board of Directors meets a minimum of 12 times a year so that it can regularly discharge its duties.

The Non-executive Directors hold executive directors accountable through scrutiny of performance outcomes, management of business process systems and quality controls, and satisfy themselves as to the integrity of financial, clinical and other information and that financial and clinical quality controls and that systems of risk management are robust and defensible.

The Non-executive Directors, through the Remuneration Committee, fulfil their responsibility for determining appropriate levels of remuneration of executive directors. The Committee is provided with benchmark data to support the decision being made about the level of remuneration for the executive directors.

Annually the Board of Directors reviews the strategic aims and takes responsibility for the quality and safety of the healthcare services, education, training and research. Day-to-day responsibility is devolved to the Executive Directors and their teams. The Board of Directors is committed to applying the principles and standards of clinical governance set out by NHS England, the Department of Health and the Care Quality Commission. As part of the planning exercise the Board of Directors reviews its membership and undertakes succession planning.

The Board of Directors has reviewed its values and standards to ensure they meet the obligations the Trust has to its patients, members, staff and other stakeholders.

The appointment of the Chairman and Non-executive Directors is detailed in the Trust's Annual Report at page 131 and forms part of the information included in the Standing Orders written for the Council of Governors. Each year the Chairman and Non-executive

Directors receive an appraisal which is reviewed by the Council of Governors. The Chairman undertakes an appraisal on the Chief Executive and the Chief Executive undertakes the appraisal of the Executive Directors.

A clear statement outlining the division of responsibility between the Chairman and the Chief Executive has been approved by the Board of Directors and is included in the Annual Report at page 156.

Governors

The Trust has a Council of Governors who is responsible for representing the interests of the members of the Trust, partner, voluntary organisations within the local health economy and the general community served by the Trust. The Council of Governors holds the Board of Directors to account for the performance of the Trust including ensuring the Board of Directors acts within the terms of the licence. Governors feed back information about the Trust to members and the local community through a regular newsletter and information placed on the Trust's website.

The Council of Governors consists of elected and appointed governors. More than half the governors are public governors elected by community members of the Trust. Elections take place once every year, or on other occasions, if required due to vacancies or a change in our constitution. The next elections will be held during summer 2015.

The Council of Governors has in place a process for the appointment of the Chairman which includes understanding the other commitments a prospective candidate has. The Council of Governors appointed a new Chairman during the year who will take up office from 1 April 2015.

Information, development and evaluation

The information received by the Board of Directors and Council of Governors is timely, appropriate and in a form that is suitable for members of the Board and Council to discharge their duty.

The Trust runs a programme of development throughout the year for Governors and Non-executive Directors. All Governors and Non-executive Directors are given the opportunity to attend a number of training sessions during the year.

The Council of Governors has agreed the process for the evaluation of the Chairman and Non-executive Directors and the process for appointment or re-appointment of the Non-executive Directors. This year the Council of Governors considered the reappointment of one of the Non-executive Directors who had served six years. The Council of Governors agreed that the Non-executive Director had received six exemplary appraisals and agreed they would like the Non-executive Director to serve a further three year term. This will be reviewed following each of annual appraisals.

The Chairman with the support of the other Non-executive Directors reviews the performance of the Chief Executive.

The Chief Executive evaluates the performance of the Executive Directors on an annual basis and the outcome is reported to the Chairman. The Chairman provides the Chief Executive with his view the Executive Director's performance in the Board meeting.

Attendance of Non-executive Directors at the Council of Governors

All Non-executive Directors have an open invitation to attend the Council of Governors meetings. Non-executive Directors do attend on a regular basis.

Corporate Directors' remuneration

The Remuneration Committee meets on a regular basis and as a minimum once a year to review the remuneration of the Corporate Directors. Details of the work of the Remuneration Committee can be found on page 152. The Council of Governors has a Nominations/Remuneration Committee which has met a minimum of four times during the year. Part of the role of the Nominations/Remuneration Committee is to review the remuneration of the Non-executive Directors. Details of the Nominations/Remuneration Committee can be found on page 168.

Accountability and audit

The Board of Directors has an established Audit Committee that meets on a quarterly basis, as a minimum. A detailed report on the activities of the Audit Committee is on page 143.

Relations and stakeholders

The Board of Directors has ensured that there is satisfactory dialogue with its stakeholders during the year. Examples of the Trust working with stakeholders can be found on page 20.

Compliance with the Code of Governance

The Trust is able to comply with the code in all areas except the following:

Requirements	Explanation
<u>Paragraph B1.1</u> The Board should identify in the Annual Report each Non-executive Director it considers to be independent. The Board Should determine whether the director is independent in character and judgement and whether there are relationships or circumstances which are likely to affect, or could appear to affect, the director's judgement. The Board of Directors should state its reasons if it determines that a director is independent despite the existence of relationships or circumstances which may appear relevant to its determination, including if the director:	

Requirements	Explanation
<ul style="list-style-type: none"> has, or has had within the last three years, a material business relationship with the NHS foundation trust either directly, or as a partner, shareholder, director or senior employee of a Board of Directors that has such a relationship with the NHS foundation trust; has close family ties with any of the NHS Foundation Trust's advisors, directors or senior employees has served on the Board of the NHS Foundation Trust for more than six years from the date of their first appointment is an appointed representative of the NHS foundation trust's university medical or dental school. At least half the Board of Directors, excluding the Chairperson, should comprise Non-executive Directors determined by the Board to be independent. 	<p>None of the Non-executive Directors currently have a material business relationship. One of the Non-executive Director's spouse is a senior clinician in the organisation.</p> <p>One of the Non-executive Director's spouses is a senior clinical member of staff.</p> <p>The Chairman is coming to the end of his terms of office where he will have served 9 years. The Chairman's period of office will conclude on 31 March 2015. One of the Non-executive Directors was reappointed by the Council of Governors to serve a third three year term.</p> <p>The Council of Governors has chosen not to make an appointment to the Board from the university medical or dental school. The Council of Governors does have an appointment process and considers the skills that are being sought for each appointment.</p> <p>The composition of the Board of Directors is: the chairman, 6 Non-executive Directors and 7 Executive Directors. There are two additional Directors who are members of the Board, but are not voting Directors. The Chairman has a casting vote.</p>

Board of Directors

An effective Board of Directors should lead every NHS Foundation Trust as the Board is collectively responsible for the exercise of the powers and performance of the organisation.

The general duty of the Board of Directors and of each director individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public.

The Board of Directors has a strategic focus – developing, monitoring and delivering plans. The Board members have collective responsibility for all aspects of the performance of the

Trust including finance, performance, clinical and service quality including patient safety, management and governance.

The Board of Directors consists of a Chairman, Deputy Chairman/Senior Independent Director, Chief Executive, Non-executive Directors and Executive Directors. Its role includes:

- Providing active leadership of the Trust within a framework of prudent and effective controls which enables risk to be assessed and managed
- Ensuring compliance by the Trust with its terms of authorisation, its constitution, mandatory guidance issued by Monitor, relevant statutory requirements and contractual obligations
- Setting the Trust's strategic aims, taking into consideration the views of the Council of Governors, ensuring that the necessary financial and human resources are in place for the NHS Foundation Trust to meet its objectives and review management performance
- Ensuring the quality and safety of healthcare services, education, training and research delivered by the Trust and applying the principles and standards of clinical governance set out by the Department of Health, Monitor, the Care Quality Commission, and other relevant NHS bodies
- Ensuring that the Trust exercises its functions effectively, efficiently and economically
- Setting the Trust's values and standards of conduct and ensuring that its obligations to its members, patients and other stakeholders are understood and met
- Taking decisions objectively in the interests of the Trust
- Taking joint responsibility for every decision of the Board of Directors regardless of their individual skills or status
- Accepting the concept of the unitary Board refers to the fact that within the Board of Directors the Non-executive Directors and the Executive Directors share the same liability and have a responsibility to challenge constructively the decisions of the Board and improve proposals on strategy
- Setting targets, monitoring performance and ensuring the resources are used in the most appropriate way
- As part of their role as members of a unitary Board, Non-executive Directors have a particular duty to ensure that appropriate challenge is given to the executive directors. Non-executive Directors should scrutinise the performance of the management in meeting agreed goals and objectives and monitor the reporting of performance. They should satisfy themselves as to the integrity of financial, clinical and other information, and that financial and clinical quality controls and systems of risk management are robust and defensible. They are responsible for determining appropriate levels of remuneration of executive directors and have a prime role in appointing, and where necessary removing, executive directors and in succession planning
- Being accountable for provided funds and how those public funds are used
- Having specific duties relating to audit, remuneration, clinical governance, charitable funds and risk assurance
- Working in partnership with the Council of Governors.

Governance Review

During the last quarter of 2013/14 the Board of Directors commissioned a governance review that concentrated on four key areas. The four key areas are:

- Clear reporting lines and meetings are purposeful
- Maximising the performance contribution from Directors and Senior Managers by setting out clear expectations for them
- Decisions are made expediently and are delegated to the lowest appropriate level to support effective operational performance
- Meaningful assurance on the business of the organisation, and key issues are escalated appropriately.

The review was designed to improve the governance around connections and alignment in a number of areas including actions relating to the Integrated Business Plan; the Internal Audit Report “Strengthening Corporate Accountability through Staff Conduct and Competence” and guidance from the CQC on the “Fit and Proper Persons Test” requirement.

The aim of the project is to provide greater clarity of purpose and leadership, more purposeful transactions within the organisation and to remove any redundancy or duplicated effort at both an individual and collective level. It will provide stronger assurance to the Board and align the organisation’s strategy against a clear and transparent structure. In turn this will influence and improve the internal controls employed in the organisation.

The Board set up a stakeholder group to manage the review. The project team has reported to the stakeholder group during the year and update the Board of Directors. The director portfolios’ were revised and agreed during the year.

Appointment of members of the Board of Directors

The Council of Governors is responsible for the appointment of the Chairman and the Non-executive Directors. The Governors have a standing Nominations and Remuneration Committee which takes responsibility for leading the process of appointment on behalf of the Council of Governors. The Non-executive Directors are responsible for the appointment of the Executive Directors including the Chief Executive. The Council of Governors is required to approve the appointment of the Chief Executive.

The process for the appointment of the Chairman

The Council of governors is responsible for the appointment of the Chairman. This year, the current Chairman’s period of office concluded on 31 March 2015. During 2014 the Council of Governors and the Governors Nomination/Remuneration Committee considered and agreed the process for the appointment. The Governors agreed that the Trust should undertake the recruitment in-house. The Council of Governors agreed that the Nomination/Remuneration Committee should agree the job description and criteria for the post, along with agreeing the advertisement and the appointment process.

The process agreed by the Committee required the post to be advertised in the local press and letters explaining the vacancy to be sent to local businesses. The long listed applicants were reviewed for compliance with the requirements of the constitution and a short list of

candidates was agreed by the Nomination/Remuneration Committee. The candidates were required to complete a fit and proper person declaration and a Google search was undertaken and the Trust asked its External Auditors Grant Thornton to undertake an independent search against each declaration.

The shortlisted candidates were asked to attend a one-to-one interview against pre-agreed requirements before shortlisted candidates were interviewed over two days.

The process involved three groups with membership from governors, directors and members of staff, unseen presentations and a final interview panel comprising of the Lead Governor and four other governors, along with an invited external advisor. After the final interview the panel discussed the candidates and agreed who the recommendation to be put forward to the Council of Governors for approval. Following approval by the Council of Governors the successful candidate is advised.

Throughout the process both the Nomination/Remuneration Committee and the Council of Governors is updated on progress.

The process for the appointment of the Non-executive Directors

Once it has been established that there is the need to appoint a Non-executive Director the Nomination/Remuneration Committee meets to agree the job description and criteria for the post. The post is advertised and a long list process is completed. The Governors invite an external advisor to join the panel and review the applications and develop a shortlist. Short listed candidates are asked to complete a psychometric test in advance of the interviews. The Nominations/Remuneration Committee agrees which Governors will form the appointment panel and the panel undertakes the interviews. The panel develop a recommendation for approval by the Council of Governors following which the successful candidate is advised. There were no new Non-executive Director appointments during 2014/15.

Appointment of Executive Directors

During the year the Board of Directors appointed two Executive Directors – Chief Nurse and Chief Operating Officer. The Board decided to work with an external search company to increase the potential pool of suitable candidates recognising the criticality of such positions in the present climate. Following a specification a firm was identified who are on the NHS framework, they did the initial contacting of prospective candidates and provided a long list of candidates which were reviewed by the Chief Executive, Director of Workforce and OD and the Chairman. From this list a short list of candidates was formed. The process was developed together with the company providing one-to-one interviews against pre-agreed requirements before shortlisted candidates were interviewed over two days. The process involved, user focus groups, peer focus groups, unseen presentations and a further one-to-one interview around Trust values with a final interview panel comprising of senior colleagues with an independent representative on each panel with specialist knowledge.. For the two appointments the panels included different staff members and Board members.

For the Chief Nurse appointment the final panel included the Vice Chairman, a further Non-executive Director, Chief Executive, Director of Workforce and OD, Medical Director.

For the Chief Operating Officer appointment the final panel included the Chairman, a further Non-executive Director, Chief Executive, Director of Finance, Director of Workforce and OD.

External Board effectiveness

The Board of Directors has not undertaken an effectiveness review during 2014/15. The Board has considered the member.

The Board membership is as follows:

Mr Alan Rose – Chairman
 Mr Patrick Crowley – Chief Executive
 Mr Philip Ashton – Non-executive Director, Chairman of the Audit Committee and Senior Independent Director
 Mrs Jennifer Adams – Non-executive Director
 Mr Mike Keaney – Non-executive Director
 Ms Libby Raper – Non-executive Director
 Mr Michael Sweet – Non-executive Director
 Professor Dianne Willcocks – Non-executive Director and Vice Chairman
 Mr Andrew Bertram – Executive Finance Director
 Dr Alastair Turnbull – Executive Medical Director
 Mr Mike Proctor – Deputy Chief Executive. Mike was also Chief Operating Officer and Chief Nurse from 8 September 2013 until October 2014
 Mrs Beverly Geary – Chief Nurse from September 2014
 Mrs Sue Holden- Executive Director of Applied Learning and Research and (Interim Director of HR from 31 March 2014) Confirmed Executive Director of Workforce and OD from January 2015
 Mrs Juliet Walters- Chief Operating Officer from 9 February 2015
 Mr Alan Rose – Chairman concluded his term of office on 31 March 2015. Ms Susan Symington was appointed Chairman by the Governors and took up office from 1 April 2015.

The Board of Directors has included two additional Directors in the membership of the Board. Neither is voting Directors. They are:

Mrs Sue Rushbrook, Corporate Director of Systems and Networks
 Mr Brian Golding, Corporate Director Estates and Facilities

Attendance of Board members at Board of Directors meetings

Listed in the table below is the attendance of the members of the Board of Directors meeting held during the year.

Member	Attendance record
Alan Rose Chairman	12/12
Patrick Crowley Chief Executive	12/12
Philip Ashton	12/12

Member	Attendance record
Non-executive Director and Senior Independent Director	
Jennifer Adams Non-executive Director	12/12
Mike Keaney Non-executive Director	12/12
Libby Raper Non-executive Director	11/12
Michael Sweet Non-executive Director	11/12
Dianne Willcocks Non-executive Director	11/12
Mike Proctor Deputy Chief Executive	11/12
Andrew Bertram Executive Finance Director	9/12
Beverly Geary Chief Nurse (Executive)	9/12
Juliet Walters Chief Operating Officer (Executive)	2/2
Alastair Turnbull Medical Director (Executive)	11/12
Sue Holden Executive Director Corporate Development	11/12
Sue Rushbrook Corporate Director Systems and Networks	9/12
Brian Golding Corporate Director Estates and Facilities	10/12

The Board members are appointed following an extensive recruitment process. Non-executive Directors must satisfy a key criteria that they are resident within the areas identified and defined in the Trust's constitution. All Directors are appointed against agreed criteria for that role.

The Board at the end of the financial year includes 14 voting Directors of which there is a Non-executive Chairman, six Non-executive Directors and seven Executive Directors. Of those, eight are male of which four are Non-executive Directors. Six members of the Board are female of which three are Non-executive Directors. There are two Corporate Directors who attend the Board meeting as advisors, one of whom are female and one male.

The age profile of the Board is as follows:

- two members are between the age of 18-50
- eight members are between the age of 50-65
- three members are over 65

Directors' biographies

Under section 17 and 19 of Schedule 7 of the National Health Service Act 2006, the Chairman, Chief Executive, Executive and Non-executive Directors were appointed to the Board of Directors as follows:

Chairman – Alan Rose

Initially appointed 1 March 2006 to 28 February 2010

Reappointed from 28 February 2010 to 31 March 2010 as Non-executive Director

Appointed from 1 April 2010 as Chairman to 31 March 2013

Reappointed from 1 April 2013 to 31 March 2015

Alan has been a Non-executive Director at the Trust since 2006 and has over 25 years' experience in private sector business management and strategic consulting, mainly in the energy sector, with Shell and Booz Allen Hamilton. His focus has been on marketing, strategy, partnering and business development. Alan chairs both the Board of Directors and the Council of Governors. In these roles, he has a special interest in the strategic development of the Trust in its mission of being trusted to deliver safe, effective and sustainable healthcare to our communities and in the enhancement of our community engagement as a Foundation Trust. He completed his allowed terms of office in March 2015 and is moving to be Chairman of another NHS Foundation Trust. He is replaced as Chair of York Teaching Hospital NHS Foundation Trust by Sue Symington from April 2015.

Chairman – Susan Symington

Initially appointed 1 April 2015 – 31 March 2018

Sue was appointed as Chair of our Trust on 1 April 2015. Prior to this she was a Non-executive Director and Vice Chairman of Harrogate and District NHS Foundation Trust and is a Non-executive Director for the Beverley Building Society. She was with the hospital since 2008 and the building society since 2013. Sue's executive background is within the human resources arena where she was HR Director for Bettys and Taylors of Harrogate.

She has in the past developed her own businesses, including running a restaurant/hotel. More recently she has been undertaking a number key HR consultancy contracts in support of a number of private and public sector organisations.

Sue's academic background is as a Chartered Fellow of the CIPD and a Chartered Director with the Institute of Directors and she has this year been awarded Chartered Director of the Year by the Institute of Directors.

Chief Executive – Patrick Crowley

Appointed June 2008

Interim Chief Executive November 2007

Patrick has worked with the Trust since 1991 in a variety of finance and performance management roles, and was appointed to the role of Finance Director and Performance in 2001. He played a significant role in securing the required Trusts licence to become a Foundation Trust in April 2007 and was subsequently appointed Chief Executive in November 2007. Patrick led the successful acquisition of Scarborough and North East Yorkshire NHS Trust that was completed in July 2012 that followed on from securing community services for both the York and Scarborough localities. He is now wholly

committed to establishing the enlarged Foundation Trust as major influence on the progressive development of whole system provision in North Yorkshire, building on York's reputation as a high performing organisation. The Foundation Trust Board was recently recognised as the NHS Board of the Year by the NHS Leadership Academy.

He previously worked for the Ministry of Defence financial management development unit in Bath and in the private sector industry.

Non-executive Director – Jennifer Adams

Initially appointed 1 September 2012 to 31 August 2014

Reappointed 1 September 2014 to 31 August 2017

Jennifer Adams joined the Trust in September 2012. She has a first class honours degree in Economics from Southampton University and has a professional background in investment management. She moved to Scarborough 17 years ago with her husband (a hospital consultant) and young family and has taken on a number of non-executive roles within the private and public sector. In addition to her NED position at the Trust she is currently a Director of Finance Yorkshire – a company specialising in lending to small businesses in Yorkshire and Humber. She is Chair of the Trust's Charitable Funds committee and a member of the Quality and Safety committee.

Non-executive Director and Senior Independent Director – Philip Ashton

initially appointed 1 September 2008 to 31 August 2011

Reappointed 1 September 2011 to 31 August 2014

Reappointed 1 September 2014 to 31 August 2017

Born in Yorkshire and a graduate of Oxford University, Philip worked primarily in London before returning to the York area in 2003. During his years at PricewaterhouseCoopers he specialised in technical aspects of the audit practice, developing audit techniques and technology, particularly internal control and risk management. He was a founder member of the Auditing Practices Board, and represented the auditing profession on the International Auditing and Assurance Standards Board. He sits on the Finance Committee of York Minster and on education and finance committees of the York Diocese.

Non-executive Director – Mike Keaney

Initially appointed 1 September 2012 to 31 August 2014

Reappointed 1 September 2014 to 31 August 2017

Mike was appointed as a Non-Executive Director in September 2012. He is a Business Director with over 40 years' experience in the private sector mainly in manufacturing and has held senior management positions including CEO, Managing Director and been a Board Member with companies operating in Europe and North America. He is an experienced Director with a successful record in business improvement and transformation both in the volume and specialist vehicle sectors. Having delivered profitable transformation programmes through business restructuring, and more recently Management Buy Out and Venture Capital backed initiatives, Mike likes to focus on business planning and strategy.

Non-executive Director – Libby Raper
Initially appointed 1 August 2009 to 31 July 2012
Reappointed 1 August 2012 to 31 July 2015

Libby joined the Board in 2009, bringing over 25 years' experience as Chief Executive and Chair within the public, private and charitable sectors. At this Trust she Chairs the Quality and Safety Committee, and serves on the Audit, Charity, Arts Committees and the Workforce Strategy Committee. She is a Director of Yellowmead, a boutique management consultancy, Chair of Leeds College of Music and a Governor of Leeds City College.

Non-executive Director – Michael Sweet
Initially appointed 1 February 2010 to 31 January 2013
Reappointed 1 February 2013 to 31 January 2016

The greater part of Michael's career has been in the commercial sector. In Unilever he held senior positions in planning and logistics, where he describes himself as a "commissioner" of services. He became a "provider" following the acquisition of his business unit by an international logistics company. This resulted in board level appointments responsible for operational management, customer relations and business development in the UK and, latterly, Central Europe. Prior to joining the Board of York Hospital Michael spent 5 years as a Non-executive Director of the Selby and York PCT and its successor the North Yorkshire and York PCT, during which time he served as a Governor of this Trust. At the Trust he is a member of the Finance and Performance Committee, Audit Committee and the Clinical Ethics Committee; he has a particular interest in General Medicine and Community matters. Michael also undertakes work for a number of Social Services departments investigating complaints involving children.

Non-executive Director and Vice Chairman – Dianne Willcocks
initially appointed – 1 May 2010 to 30 April 2013
Reappointed 1 May 2013 to 30 April 2016

Professor Dianne Willcocks, Emeritus Professor at York St John University, is a leadership consultant, advocate and practitioner for socially inclusive citizenship. As former Vice Chancellor at York St John University, Professor Willcocks engages contemporary debates around new learners and new learning styles in higher education and the distinctive role and contribution of church colleges and universities. She is an Associate of the Leadership Foundation for Higher Education. A social scientist working across boundaries, Professor Willcocks' research is in the field of old-age, with particular interests in dementia and age-friendly communities. She encourages diverse audiences to recognise the significance of the creative/cultural economy. She also engages public policy and practice debates to secure health and wellbeing through social inclusion and cultural engagement.

Executive Finance Director – Andrew Bertram
Appointed January 2009

Andrew Bertram took up the position of Finance Director for the Trust in January 2009. He has previously held a number of roles at the Trust, first joining in 1991 as a finance trainee as part of the NHS graduate management training scheme. On qualifying as an accountant, he undertook a number of finance manager roles supporting many of the Trust's clinical teams. He then moved away from finance taking a general management role as Directorate Manager for Medicine. Andrew then joined the senior finance team, firstly at York,

subsequently at Harrogate and District NHS Foundation Trust as their Deputy Finance Director and then returning to York to undertake his current role.

Executive Deputy Chief Executive– Mike Proctor

Appointed 1993

Seconded to SNEY in February 2011 to July 2012.

Re-joined the Board from July 2012

Mike joined the NHS in 1975 as a trainee Operating Department Assistant in Sheffield. He undertook nurse training in 1982-85 before working in a variety of clinical roles at the Royal Hallamshire Hospital Sheffield. He became a Charge Nurse in Intensive Care Northern General Hospital, Sheffield in 1987. Between 1989 and 1993 Mike worked as a Nurse Tutor. Mike left Sheffield and joined York Hospital in 1993 as a Clinical Nurse Specialist and then undertook various nurse and business manager roles at York before becoming Director of Nursing in 1998. Mike was then appointed to Chief Operating Officer/Deputy Chief Executive in 2005. He was appointed as Interim Chief Executive for SNEY in April 2011 – July 2012. Mike rejoined the Board of Directors as Deputy Chief Executive Director from July 2012.

Executive Medical Director – Alastair Turnbull

Appointed January 2010

Alastair has worked in the NHS for over 30 years and was appointed Medical Director in February 2010, having been a Consultant Physician in York since 1994. He trained at St Thomas's Hospital, London, with nutrition research in London and Boston USA, and higher clinical training in Newcastle. He is an active Gastroenterologist with interests in liver disease and inflammatory bowel disease. He held the post of Clinical Director (Medicine) for six years and has a special interest in patient safety. Alastair chairs the Patient Safety group, is the Director of Infection and Prevention and Control and the Caldicott Guardian. He is a member of several hospital groups including the Trust Drugs Committee.

Executive Director of Workforce and Organisational Development – Sue Holden

Appointed to the Trust 2004

Appointed as Executive Director April 2013

Sue first started her NHS career in 1983 following a period as a librarian. She trained as a nurse and midwife, working 13 years in Midwifery before moving into education and development. Prior to joining York Sue worked for the Learning Alliance working with teams and boards developing improvement knowledge and capability across the old Northern and Yorkshire Region. She worked briefly as PCT Director in Wakefield before nationally working to support the Modernisation Agency. Sue joined York in 2004 as Head of Learning and Development and has formed organisational capability to support staff managing change. The focus on current challenges relates to multi site working, recruitment and developing new roles. Sue is also a Chartered Fellow of the Institute of Personal Development (CIPD) and was awarded Leadership Development Champion of the year 2013 for Yorkshire and Humber.

Executive Chief Nurse – Beverley Geary
Appointed to the Trust 2011
Appointed as Chief Nurse October 2014

Beverley Geary took up the position of Director of Nursing and Chief Nurse for the Trust in October 2014.

She started her nursing career in the acute sector training as an RGN in 1987, working in cardiology and acute medicine before undertaking further qualification in mental health in the early 1990s.

Beverley worked in a specialist cardiothoracics unit in Leeds where she gained a keen interest in teaching and mentorship and began Certificate in Education training. She worked in education for a number of years before returning to full time clinical practice in 2001 and consequently moved on to pilot the first Patient Public Involvement strategies. Beverley came to York in 2012 as Deputy Chief Nurse and was appointed as Chief Nurse in 2014. She has responsibility for nursing and Midwifery, patient experience, Quality of Care and is Executive Lead for Safeguarding (Adults and Children).

Executive Chief Operating Officer – Juliet Walters
Appointed to the Trust February 2015

Juliet was appointed Chief Operating Officer in February 2015 and is responsible for leading the effective daily management and operation of the Trust. Juliet has extensive operational experience having held Director posts in 6 hospital Trusts ranging from leading teaching/research hospitals to hospitals with significant challenges. Juliet has a strong track record of transformational change, service and performance delivery, which is underpinned by her passion and skills for organisation and people development.

As the executive lead for operations Juliet also leads on the strategic development of Clinical Directorates.

Juliet began her career in the university sector and was an Academic Registrar prior to joining the NHS in 2003 as part of the first cohort of the national Gateway to Leadership programme.

Register of Directors' Interests

The Trust holds a register listing any interest declared by members of the Board of Directors. They must disclose details of company directorship or other positions held, particularly if they involve companies or organisations likely to do business or possibly seeking to do business with the Trust. The public can access the register at www.york.nhs.uk or by making a request in writing to:

The Foundation Trust Secretary
York Teaching Hospital NHS Foundation Trust
Wigginton Road
York
YO31 8HE

or by e-mailing enquiries@york.nhs.uk

As at 31 March 2015, the Board of Directors had declared these interests:

Directorships including non-executive directorships held in private companies or public limited companies (PLCs) with the exception of those of dormant companies

Jennifer Adams

Non-executive Director Finance Yorkshire PLC

Susan Symington

Non-executive Director Beverley Building Society
Director Lodge Cottage Ltd

Libby Raper

Director - Yellowmead Ltd

Ownership, part ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS:

Sue Holden

Director – S.S.H. Coaching Ltd

Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS:

The directors did not make any declarations under this section.

A position of authority in a charity or voluntary organisation in the field of health and social care:

Philip Ashton:

Act as Trustee – on behalf of the York Teaching Hospital Charity
Member of the Board of Director – Diocese of York Education Trust

Andrew Bertram:

Act as Trustee – on behalf of the York Teaching Hospital Charity

Patrick Crowley:

Act as Trustee – on behalf of the York Teaching Hospital Charity

Beverley Geary:

Act as Trustee – on behalf of the York Teaching Hospital Charity

Susan Symington:

Act as Trustee – on behalf of the York Teaching Hospital Charity

Juliet Walters:

Act as Trustee – on behalf of the York Teaching Hospital Charity

Jennifer Adams:

Act as Trustee – on behalf of the York Teaching Hospital Charity

Mike Keaney:

Act as Trustee – on behalf of the York Teaching Hospital Charity

Alastair Turnbull:

Act as Trustee – on behalf of the York Teaching Hospital Charity

Libby Raper:

Act as Trustee – on behalf of the York Teaching Hospital Charity

Alan Rose:

Act as Trustee – on behalf of the York Teaching Hospital Charity

Michael Sweet:

Act as Trustee – on behalf of the York Teaching Hospital Charity

Dianne Willcocks:

Act as Trustee – on behalf of the York Teaching Hospital Charity

Trustee and Vice Chair – Joseph Rowntree Foundation and Joseph Rowntree Housing Trust

Chair - Advisory Board, Centre for Lifelong Learning, University of York

Member – CoYC without walls Board

Member - Executive Committee YOPA

Patron - OCAY

Chairman - City of York Fairness and Equalities Board

Mike Proctor

Act as Trustee – on behalf of the York Teaching Hospital Charity

Sue Holden

Member - Conduct and Standards Committee - York University Health Sciences

Act as Trustee - on behalf of the York Teaching Hospital Charity

Any connecting with a voluntary of other organisation contracting for NHS services or commissioning NHS services:

Libby Raper:

Vice Chairman – Leeds City College

Chairman and Director - Leeds College of Music

Member—The University of Leeds Court

Alan Rose

Member—The University of York Court

Member—The University of York Ethics Committee

Dianne Willcocks

Director - London Metropolitan University

Vice Chairman - Rose Bruford College of HE

Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation Trust including but not limited to lenders or banks:

Mike Proctor

Spouse a senior member in Community Services

Andrew Bertram:

Member – NHS Elect Board as a member representative

Key performance indicators

The Board of Directors reviews the key performance indicators on a monthly basis at each Board meeting. Those key indicators include:

- Infection control indicators
 - Clostridium difficile – to meet the objective
 - MRSA – to meet the objective
- Cancer treatment
 - 31 days from decision to 1st treatment
 - 31 days for second or subsequent treatment for all cancers – anti cancer drugs
 - 31 days for second or subsequent treatment for all cancers – surgery
 - 62 days from all referrals to treatment for all cancers – urgent GP referrals
 - 62 days from urgent referral to treatment for all cancers-screening
 - 14 days from referral to first seen for all urgent cancers
 - 14 days from referral to first seen for breast symptomatic patients
- Referral performance
 - Admitted patients – 18 week maximum wait from point of referral to treatment
 - Non-admitted patients – 18 week maximum wait from point of referral to treatment
 - Maximum time of 18 weeks from point of referral to treatment – patients on an incomplete pathway
 - Maximum waiting time of four hours in Emergency Centre from arrival to admission, transfer or discharge
- Data completeness
 - Referral to treatment
 - Referral information
 - Treatment activity information
- Healthcare for people with learning disabilities

On a quarterly basis the Board of Directors confirms the position of each of these metrics and reports directly to Monitor on compliance.

Board sub-committees

During the year the Board has five sub-committees that report on a regular basis:

- Audit Committee
- Finance and Performance Committee

- Quality and Safety Committee
- Workforce Strategy Committee
- Remuneration Committee

At the January Board of Directors meeting it was agreed that a separate Environment and Estates Committee should be developed as a Board Committee. The Committee had not started to meet at the time of writing the report.

The Audit Committee

The membership of the Audit Committee during 2014/15 consisted of:

Philip Ashton – Non-executive Director and Chairman of the Committee
 Mike Keaney – Non-executive Director
 Michael Sweet – Non-executive Director
 Libby Raper – Non-executive Director

The Committee was supported by a number of officers from the Trust including:

Mr A Bertram – Director of Finance
 Mr N Booth – Chief Accountant
 Mrs A Pridmore – Foundation Trust Secretary
 Mrs S Wilson – Head of Corporate Finance (retired from the Trust in June 2014)
 Mrs D Hollings-Tennant – Head of Corporate Finance (appointed in June 2014)

The Trust and the Committee is further supported by the Internal Audit Service provided by North Yorkshire Audit Services.:

Ms I Hall – Audit Manager (left the Trust in January 2015)
 Mr J Hodgson- Audit Manager (from 2 March 2015)
 Mrs H Kemp-Taylor – Head of Internal Audit
 Mr S Moss – Counter Fraud Officer

Externally the Trust and Committee is supported by the external auditors – Grant Thornton:

Mr G Nunns – Audit Partner Grant Thornton
 Mr G Mills – Audit Manager Grant Thornton

The Committee receives reports from Internal and External Auditors and undertakes reviews of financial, value for money and clinical reports on behalf of the Board of Directors.

The Committee's terms of reference require the Committee to:

- Monitor the integrity of the financial performance of the Trust and any formal announcement relating to the Trust's financial performance
- Monitor governance and internal control
- Monitor the effectiveness of the internal audit function
- Review and monitor external audit's independence and objectivity and the effectiveness of the audit process

- Develop and implement policy on the employment of the external auditors to supply non-audit services
- Review standing orders, financial instructions and the scheme of delegation
- Review the schedule of losses and compensation
- Review the annual fraud report
- Provide assurance to the Board of Directors on a regular basis
- Report annually to the Board of Directors on its work in support of the Annual Governance Statement
- Report on the work of the Patient Safety Group

The Committee has met six times during the year. Each meeting considers the business that will enable the Committee to provide the assurance to the Board of Directors that the systems and processes in operation within the Trust are functioning effectively.

Member	Attended
Philip Ashton, Chairman of the Committee	6/6
Libby Raper, Non-executive Director	6/6
Michael Sweet, Non-executive Director	6/6
Mike Keaney, Non-executive Director	6/6

The Trust has an independent Internal Audit function which is managed by the Director of Finance. The Trust hosts the service for the region. The Internal Audit service also provides audit services to a number of other foundation trusts and CCGs in the region. To coordinate the governance and working arrangements of the service, all Trusts that obtain services from the internal audit service are members of an Alliance Board. The Alliance Board has membership from a number of Trusts that employ the internal audit services provided by North Yorkshire Internal Audit Services. The Board meets on a quarterly basis and includes membership (Director of Finance and Chairman of the Audit Committee) from each organisation the service has a contract with.

The Internal Audit service agrees a work programme at the beginning of the financial year with the Trust. The service reports to each Audit Committee meeting on the progress of the work programme and provides detailed reports on the internal audits that have been completed during the previous quarter.

The list of activities below show some of the work the Committee has undertaken during the year:

- Considered 50 internal audit reports and reviewed the recommendations associated with the reports
- Reviewed the progress against the work programme for internal and external audit and the counter fraud service
- Considered the annual accounts and associated documents and provided assurance to the Board of Directors
- Considered and approved various ad hoc reports about the governance of the Trust
- Received the work of the Compliance Working Group and the Data Quality and Performance Working Group and cross related it to other Audit Committee information

- Discussed and received assurance about the Clinical Audit processes in place in the Trust
- Considered the external audit report, including interim and annual reports to those charged with governance and external assurance review of the quality report
- Review and develop the relationship between the clinical audit and internal audit. With the sub group of the Council of Governors appointed the External Auditors under a three year contract.

Philip Ashton - Chairman of the Audit Committee

Role of Internal Audit

The Trust's Internal Audit services are provided under a service level agreement by North Yorkshire NHS Audit Services (NYAS). NYAS is a membership organisation / shared service hosted by the Trust and provides Internal Audit services to Harrogate and District NHS Foundation Trust (HDFT), Leeds and York Partnership NHS Foundation Trust, Vale of York Clinical Commissioning Group, Harrogate and Rural District Clinical Commissioning Group, Hambleton, Richmondshire and Whitby Clinical Commissioning Group, Scarborough and Ryedale Clinical Commissioning Group, Leeds South and East Clinical Commissioning Group, Leeds North Clinical Commissioning Group and Leeds West Clinical Commissioning Group. The strategic direction of NYAS is overseen by its Alliance Board which meets at least three times a year and comprises of the Director of Finance and the Chair of the Audit Committee of each of its members.

The Internal Audit service provides independent assurance to the Board of Directors via the Audit Committee. The Head of Internal Audit is supported by a Deputy and Management Team, of which all are CCAB qualified. All NYAS Auditors are either qualified or working towards an externally validated professional qualification to ensure the organisation has the correct skill set to deliver a wide range of assurance reviews and demonstrate proficiency and due professional care. At the start of the financial year, or on commencement of employment with NYAS during the year, all Internal Auditors completed a declaration and certified that they had no conflicts of interest which might compromise their independence as an Auditor working for NYAS.

NYAS have extensive experience of delivering high quality and cost effective Internal Audit services to their members. Their approach and methodology is routinely relied upon by their member's external auditors and provides a service that:

- Provides an independent and objective opinion on risk management and governance, compliant with prevailing Public Sector Internal Audit Standards
- Provides professional, high quality audit coverage of key risks
- Gives clear opinions on systems of internal control
- Uses the audit coverage and collates the opinions drawn to provide a meaningful Head of Audit Opinion to support the Annual Governance Statement
- Offers value-added work to assist the Trust in making business improvements and achieving its corporate objectives.

As well as undertaking specific audits and other pieces of work commissioned by the Trust, NYAS also provide general advice on governance, counter-fraud and systems / process issues and to undertake consultancy / advisory work as required.

During 2014/15, NYAS undertook 50 risk based Internal Audit assignments covering all facets of the organisation including financial, governance, quality and safety, performance, infrastructure and IM and T.

Role of External Audit

The Data Quality Work Group

The Data Quality Work Group, a sub-group of the Audit Committee, first commenced a programme of work during 2012/13 to examine and understand data quality issues relating to financial, human resource, risk and legal services and patient information systems. This work has continued throughout the year. The Group has continued to receive presentations from information system owners and actively seeks assurances from these owners on aspects of data quality. The assurance work has specifically sought to explore issues in relation to the integration of systems following the acquisition of Scarborough. The group uses the intelligence it is gathering to test the robustness of the Internal Audit Work Programme in seeking and further supporting assurance on system data quality issues.

The work programme of the Group will continue into 2015/16.

The Data Quality Work Group met twice during the year. The membership of the Group comprises:

Philip Ashton – Non-executive Director
Mike Keaney – Non-executive Director
Andrew Bertram – Executive Finance Director
Helen Kemp-Taylor – Head of Internal Audit
Sue Rushbrook – Director of Systems and Networks

Other senior managers and executive directors attend as appropriate.

Attendance at the meetings was as follows:

Members	Attendance
Philip Ashton, Non-executive Director	2/2
Mike Keaney, Non-executive Director	2/2
Andrew Bertram, Executive Finance Director	2/2
Helen Kemp-Taylor, Head of Internal Audit	1/2
Sue Rushbrook, Director of Systems and Networks	2/2

Finance and Performance Committee

The Finance and Performance Committee was established in 2012 The Finance and Performance Committee meets at least ten times a year in the week before the Board. This

year the Committee met 11 times. The Committee reviews in detail the previous month's information relating to financial performance, the Cost Improvement Programme and operational activity and performance, drawing any issues or matters of concern to the attention of the full Board.

On a quarterly basis the Committee receives reports on the Quarterly Return to Monitor, Service Line Reporting, the capital programme and prospective invitations to tender, and on an occasional basis, often at the request of the Board, will monitor major projects such as the review of the Trust's acute strategy.

The chairmanship of the Committee was changed during the year. As of October 2014 Mike Keaney became the Chairman and Michael Sweet remains a member of the Committee

The membership of the Committee includes:

Mr M Sweet – Chairman of the Committee until September 2014 and Non-executive Director

Mr M Keaney- Chairman of the Committee from September 2014 and Non-executive Director

Attendance from members was as follows:

Members	Attendance
Mr M Sweet	10/11
Mr M Keaney	11/11

Mrs Adams Non-executive Director attended the Committee in February 2015.

A number of officers attend the meeting to provide assurance to the Committee.

Mr A Bertram – Executive Director of Finance

Mrs L Booth, Director of Operations York (until January 2015)

Mrs D Hollings-Tennant –Head of Resource Management (until May 2014)

Mr S Kitching, Head of Resource Management will be attending the Committee as from June 2014.

Mr G Lamb – Deputy Director of Finance

Mrs S Lovell, Lead for Clinical Services until May 14 when she left the Trust

Mrs A Pridmore – Foundation Trust Secretary

Mrs S Rushbrook – Director of Systems and Network (November 2014)

Ms L Turner – Assistant Director of Performance

Mrs J Walters – Chief Operating officer (February 2015)

The Committee has considered the finance report at each meeting and have received a number of supporting papers during the period which have provided additional assurance to the regularly reported financial position. The Committee has provided assurance to the Board on the financial position of the Trust following every meeting of the Committee.

During the year the Committee explored in more detail some of the key concerns and risks that faced the Trust. To support this they received additional information on the following topics:

- Service Line Reporting
- Briefings from Grant Thornton - the Trust's External Auditors
- Information about the financial position of the commissioners
- Information on key performance indicators, the penalties incurred by the Trust and reference costs applied to the Trust
- A presentation on the financial position of Foundation Trusts nationally.

The Committee has received a regular efficiency report at each meeting, the report detailed the progress of the efficiencies that have been made in the previous quarter and provided detail on the forward programme of efficiencies both on a short and longer term basis.

The Committee explored in more detail some of the key concerns and risks that faced the Trust. To support this they received additional information as follows:

- Detail about the level of non-recurrent savings against the recurrent savings
- Information about how the quality of services is considered in the development of a cost improvement plan
- Information about the schemes that are considered to carry a high (red) or medium (amber) risk in achievement
- A regular analysis against the identified schemes
- Details about workforce efficiencies and the impact on the cost improvement programme should a mandatory level of staffing be put in place
- Details against Directorate performance including those Directorates that were not achieving the targets
- The Internal Audit report on the process along with the results of the Monitor audit on the process
- Details on the large cost improvement schemes that have been proposed along with efficiency opportunities that might exist in the future

During the year the Committee reviewed the Acute Strategy. It was agreed between the Board of Directors and Committee that the Committee would continue to review and report on the short and medium term aspects of the strategy. The Board would review the long term aspects.

The overview of the strategy was explained in detail and the Committee discussed the association of the strategy with the efficiency programme and other performance targets and financial plans in the Trust. The Committee discussed some key elements of the strategy during the year including:

- Future Models and the work that was underway to design the Assessment Unit
- Ambulatory Care for non-admitted ED patients – part of the pathway design work that was underway and generic documentation is being produced
- Workforce Development – the work that was underway to develop roles and staffing structures
- Frailty Model and the work that was underway to develop frailty care as oppose to the more traditional elderly care

- Community Hub developments and the progress against plan.
- Bed reconfiguration and the programme that had been developed to implement the changes
- The Committee has received a copy of the performance report at each meeting. During the year the Committee was involved in the development of the revised performance report.

The Committee discussed the Commissioning for Quality and Innovation (CQUIN) targets at the majority of the meetings during the year. The Committee was keen to ensure there was a clear understanding between the requirements of the CQUIN target and the potential financial impact on the Trust.

The Committee also commissioned and received a report on the lessons learnt around the development and commissioning around CQUIN and the challenges that exist around ensuring the CQUIN is defined appropriately.

The Committee has reviewed the capital programme progress during the year. It has received a presentation and discussed and supported the required changes that have been made to the programme during the year.

The Committee has reviewed the tender register on a regular basis and ensured the Board is aware of any concerns the Committee has identified around tender activity.

Mike Keaney, Chairman Finance and Performance Committee

Quality and Safety Committee

The Quality and Safety, Committee was established in 2012, prompted by the significant expansion of the Trusts activities following the acquisition of SNEY. The Committee operates to provide significant additional examination on matters of both quality and safety across the whole Trust. In devoting the additional focus on such a regular basis, it enables the Board to develop and retain a more strategic approach to such matters. The Committee regularly reviews comprehensive reports from both the Medical Director and the Chief Nurse. It also discusses, on a set rotational basis, reports on Infection Control, Healthcare Governance, Patient Reported Outcome Measures (PROMs) and the Trusts Mortality programme update.

The membership of the Committee includes:

Ms L Raper – Chairman of the Committee
 Mrs J Adams – Non-executive Director
 Mr P Ashton – Non-executive Director

Attendance from members was as follows:

Members	Attendance
Ms L Raper	11/11
Mrs J Adams	9/11
Mr P Ashton	10/11

Mr M Keaney and Mr M Sweet both attended the Committee during the year.

Key officers attend the meeting to provide assurance to the Committee.

Mrs B Geary – Chief Nurse
Mrs A Pridmore – Foundation Trust Secretary
Dr A Turnbull – Medical Director
Mrs D Palmer – Deputy Director for Patient Safety

The Committee meets at least 11 times a year before the Board meeting. The discussions at this Committee are timed so that the information is included in the Board of Director meeting.

During the year the Committee has considered the following:

The Trust has been developing an information booklet that provides a concise set of data that the Committee uses to understand the performance of the Trust on a quality and safety basis. Additionally and supporting this information the Chief Nurse and Medical Director provide supplementary information.

During the year the Quality and Safety Committee has raised concerns around mortality measure, Serious Incidents, Friends and Family Test, PROMs and VTE assessment, patient safety and quality of services.

The Chief Nurse Reports have provided additional supporting information about quality processes employed in the organisation including:

- Nursing and Midwifery Strategy
- Nursing Care Indicators
- End of Life Care
- Pressure ulcer plan
- Senior nurse restructuring and nurse staffing
- Patient experience
- Maternity services
- National reports including Francis, Clwdd-Hart, Berwick
- Mental Health services
- Nursing documentation review
- Friends and Family test
- Child protection training
- Advanced Clinical Practitioners
- Elimination of mixed sex accommodation
- CQC inspections
- Patient safety including falls

The Medical Director provides additional supporting information about safety processes employed in the organisation including

- mortality information
- Serious Incident information
- Information Governance
- Quality Report updates
- Flu vaccination
- Never events
- Dr Foster – the Medical Director updated the Board on the work of Dr Foster and the implications for the Trust. The Medical Director also updated the Committee on the work the Trust is engaged with NHSQUEST and CHKS.
- Suitcases – the Committee received regular information about the results of investigations in to serious incidents through the Suitcase documents. These documents were provided to the Board of Directors in private session as they contain confidential information that could identify individual patients.
- Consultant appointments
- Safety Walk rounds
- Serious Incident Report
- Stroke accreditation
- Surgical outcomes
- Director of Infection Prevention and Control

The Foundation Trust Secretary provided information related to governance aspects of the Trust specifically she provided information about the following:

- Quality Governance Framework
- Quarterly Quality Report

Libby Raper – Chairman of the Quality and Safety Committee

Workforce Strategy Committee

The Workforce Strategy Committee (WSC) receives and reviews any draft strategic plans relating to workforce and development. Through the year the WSC has increased its membership to include representation from the Organisational Development and Education leads. This has enabled the committee to start to look pro-actively at workforce challenges and ensure that new developments will ensure that we have a workforce not only fit currently but capable to deal with the challenges in the future in respect of increased regulation, changed roles and changing models of provision. The Committee monitors progress against the strategic plans, and present their findings to the Board for consideration. The Committee considers the Trust's approach on the whole workforce establishment, and agreed the overall approach, and this will continue to form an important part of its future agenda.

The membership and attendance at the Committee during the year was as follows:

Members	Attendance
Dianne Willcocks, Non-executive and Chairman of the Committee	4/4
Libby Raper, Non-executive Director	3/4
Patrick Crowley, Chief Executive	0/4
Bev Geary – Director of Nursing	1/4
Wendy Barker, Deputy Director of Nursing	2/4
Sue Holden, Director of Corporate Development (Job title changed mid-way to Director of Workforce and Organisational Development.)	3/4
Natalie McMillan, Assistant Director Resourcing (job role changed midterm to Head of HR left the Trust March 2015)	4/4
Melanie Liley, Head of AHP Services and Psychology	1/4
Jonathan Thow, Deputy Medical Director – Education	4/4
Pamela Hayward-Sampson, Assistant Chief Nurse	1/4
Sian Longhorne, Senior HR Lead, Workforce Utilisation	3/4
Wendy Scott, Director of Community Services	1/4
Gail Dunning, Head of Organisational Development	1/4
Anne Devaney, Head of Learning	3/4
Dawn Preece, Assistant Director of HR	2/4
Debbie Hollings – Tennant, Head of Corporate Finance	2/4
Fay Andrews - Hodgson, Organisational Development Facilitator	1/4
Jenny Adams, Non-executive Director	1/4

Dianne Willcocks- Chairman of the Workforce Strategy Committee

Remuneration Committee

The Committee met seven times during the year.
The membership of the Committee was as follows:

Alan Rose -- Chairman of the Trust
Philip Ashton – Non-executive Director
Libby Raper – Non-executive Director
Michael Sweet – Non-executive Director
Dianne Willcocks – Non-executive Director
Jennie Adams – Non-executive Director
Mike Keaney – Non-executive Director

Attendance at the meetings was as follows:

Members	Attendance
Alan Rose, Chairman	7/7
Phillip Ashton, Non-executive Director	7/7
Libby Raper, Non-executive Director	6/7
Michael Sweet, Non-executive Director	6/7
Dianne Willcocks, Non-executive Director	5/7

Mike Keaney, Non-executive Director	7/7
Jennifer Adams, Non-executive Director	7/7

As appropriate, the Committee is joined for selected agenda items by the Chief Executive and/or the Director of Workforce and Organisational Development.

During the year, issues covered included:

- Annual Review of Executive Remuneration. This year, the executives were awarded a 1% rise, commensurate with the national award to the majority of NHS staff and the Non-executive Directors. Remuneration decisions are based upon knowledge of the latest national NHS awards and the annual review of benchmarking information available concerning executive pay in comparable NHS Trusts. A small number of other minor adjustments were also made. As agreed last year, in the spirit of openness and timeliness, the award was made public at the next Board meeting
- A formal succession planning discussion with the Chief Executive, covering all members of the executive team. This will become an annual part of the Committee's work programme. This is designed to help the Trust anticipate key leadership issues early.
- A revised process by which non-executive directors were invited to give written input to the Chief Executive to support the preparation of the annual corporate director appraisals.
- A discussion with the Chief Executive of the highlights of the appraisals performed by him of the corporate directors.
- A number of changes to the corporate director team were agreed by the committee: a new Chief Operating Officer (Juliet Walters) and a new substantive Chief Nurse (Beverley Geary). Adjustments were made to all of the corporate director portfolio responsibilities and these were discussed by the committee.
- As a result of the Board changes this year, there are now an equal number of Executive and Non-executive Directors. The constitution was confirmed to allow a casting vote for the Chairman in the event of a tied Board vote.
- Discussion of a review of Governance at the Trust, which would report to a steering group and the Board of Directors.
- Discussion of the revision to the standard service contracts for executives.
- A slight revision to the terms of reference of this committee, to clarify that the Chief Executive may use the meeting to sound-out non-executives on other matters that may not be directly related to remuneration, but which always relate to the deployment, succession or other matters related to the executive director team.
- Discussion of a new Trust policy for flexible retirement.
- Agreement with the Chief Executive of how any changes to the terms and conditions (not just the headline salary remuneration) of any executive director will be discussed first with the Remuneration Committee.
- Clarification of precisely which members of staff come under the Very Senior Management (VSM) category, and who therefore have their remuneration agreed by the Remuneration Committee.
- The minutes of the Remuneration Committee are private.

Chairman of the Committee, Alan Rose

Resolution of disputes between the Council of Governors and the Board of Directors

The Code of Governance requires the Trust to hold a clear statement explaining how disagreements between the Council of Governors and the Board of Directors would be resolved.

The Board of Directors promotes effective communications between the Council of Governors and the Board of Directors. The Board of Directors through the Chief Executive and the Chairman provide regular updates to the Council of Governors on the developments being undertaken in the Trust. The Board of Directors encourages the Governors to raise questions and concerns during the year and ask for further discussions at their public meetings where they feel further detail is required. The Chief Executive and any invited Executive Director or Non-executive Director will ensure that the Council of Governors are provided with any information when the Trust has materially changed the financial standing of the Trust or the performance of its business has changes or where there is an expectation as to performance which, if made public, would be likely to lead to a substantial change to the financial wellbeing, health care delivery performance or reputation and standing of the Trust.

The Chairman of the Trust also acts as Chairman of the Council of Governors. The Chairman's position is unique and allows him to have an understanding of a particular issue expressed by the Council of Governors. Where a dispute between the Council of Governors and the Board of Directors occurs, in the first instance, the Chairman of the Trust would endeavour to resolve the dispute.

Should the Chairman not be willing or able to resolve the dispute, the Senior Independent Director and the Lead Governor of the Council of Governors would jointly attempt to resolve the dispute.

In the event of the Senior Independent Director and the Lead Governor of the Council of Governors not being able to resolve the dispute, the Board of Directors, pursuant to section 15(2) of Schedule 7 of the National Health Service Act 2006, will decide the disputed matter.

Governors also have the right to refer concerns to Monitor the sector regulator in exceptional circumstances where the internal mechanisms have not satisfied the Council of Governor's concern. The Council of Governors also has the right to seek the advice of Monitor's Independent Panel. The Council of Governors have agreed a process for using the Panel.

The Board of Directors makes decisions about the functioning of the Trust and where appropriate consult with the Council of Governors prior to making a decision. Any major new development in the sphere of activity of the Trust which is not public knowledge is reported to the Council of Governors in private session and to Monitor.

The Council of Governors is responsible for the decisions around the appointment of the Non-executive Directors, the appointment of the External Auditors in conjunction with the Audit Committee, the approval of the appointment of the Chief Executive and the appointment of the Chairman. The Council of Governors set the remuneration of the Non-executive Directors and Chairman. The Council of Governors are encouraged to discuss decisions made by the Trust and highlight any concerns they have. The Council of

Governors also has in place a statement that identifies at what level the Board of Directors will seek approval from the Council of Governors when there is a proposed significant transaction or when the Trust adds additional private work above.

Board balance, completeness and appropriateness

As at year ending 31 March 2015, the Board of Directors for York Teaching Hospital NHS Foundation Trust comprised of seven Executive Directors, six Independent Non-executive Directors and an Independent Non-executive Chairman.

Mr Alan Rose was initially appointed as a Non-executive Director in March 2006. He was appointed as the Chairman of the Trust from 1 April 2010 and at their meeting March 2013 the Council of Governors approved the appointed of Mr Rose for a further 2 year term which will terminate on 31 March 2015. The Chairman will have then completed nine years of service as a Non-executive Director and Chairman. In December 2014, the Council of Governors appointed Ms S Symington to be Chairman of the Trust from 1 April 2015 for three years.

Mrs Beverley Geary was appointed Chief Nurse and an Executive Director of the Board of Directors from September 2014.

Mrs Sue Holden was asked by the Board of Directors to take on responsibility for HR following the resignation of the Ms Peta Hayward as Director of HR in March 2014. Mrs Holden was confirmed as substantively appointed as the Executive Director of Workforce and OD following an interview in December 2014.

Mrs Juliet Walters was appointed as Chief Operating Officer in September 2014 and joined the Trust in February 2015. Mrs Walters is an executive member of the Board.

The remainder of the composition of the Board of Directors has not changed during the financial year 2014/15.

The Chairman has conducted a thorough review of each Non-executive Director to assess their independence and contribution to the Board of Directors and confirmed that they are all effective independent Non-executive Directors. A programme of appraisals has been run during 2014/15 and all Non-executive Directors have undergone an annual appraisal as part of the review.

The appraisal of the Chief Executive is undertaken on an annual basis by the Chairman. The Chairman has put in place a robust system where he met and discussed the performance of the Chief Executive with the Executive Directors, Non-executive Directors, appropriate external contacts and some senior managers that work closely with the Chief Executive. The appraisal was discussed with the Chief Executive and a set of objectives were drawn up. The Remuneration Committee reviewed the appraisal and the objectives and approved the document.

The Board of Directors maintains a register of interests as required by the constitution and Schedule 7 section 20 (1) National Health Service Act 2006.

The Board of Directors requires all Non-executive Directors to be independent in their judgement. The structure of the Board and integrity of the individual Directors ensures that no one individual or group dominates the decision-making process.

Each member of the Board of Directors upholds the standards in public life and displays selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

All Board members have confirmed that they are fit and proper persons to hold the office of Director in the Trust and have no declarations to make that would be contrary to the requirements. All Board members have confirmed that they do not hold any additional interests that are not declared in the Trust's Declaration of interest.

The Board, in relation to the appointment of Executive Directors does not have a standing Nominations Committee but convenes an ad hoc Nominations Committee, as and when required.

Biographies for the Board of Directors can be found on page 135 of this report.

Statement of the division of responsibility between the Chairman and the Chief Executive

The Chairman

The Chairman is accountable for the Board of Directors and the Council of Governors.

The Chairman is responsible for ensuring that the Board of Directors operates as a unitary board and effectively develops and determines the Trust's strategy and overall objectives.

The Chairman is responsible for ensuring that the development of the business and the protection of the reputation of the Trust is maintained.

The Chairman is responsible for leadership of the Board of Directors and the Council of Governors, ensuring their effectiveness on all aspects of their role and setting their agenda.

The Chairman is responsible for ensuring that the Board of Directors and the Council of Governors receive accurate, timely and clear information that is appropriate for their respective duties. He is responsible for ensuring effective, prioritised meetings are held where actions are followed up and reported to the Council of Governors or Board of Directors as appropriate.

The Chairman ensures the Trust undertakes effective communication with patients, members, clients, staff and other stakeholders.

The Chairman also facilitates the effective contribution of all Executive and Non-executive Directors and ensures that constructive relations exist between the Executive and the Non-executive Directors, and between the Board of Directors and the Council of Governors.

The Chairman is not responsible for the executive and operational management of the Trust's business.

The Chief Executive

The Chief Executive reports to the Chairman and the Board of Directors.

The Chief Executive is the Accountable Officer for the Trust and in this regard is accountable to Parliament for the proper management of the public funds available to the Trust. He is responsible for the propriety and regularity of public finances within the Trust and for keeping proper accounts. He is responsible for prudent and economical administration, the avoidance of waste and extravagance and efficient and effective use of all the resources in his charge.

The Chief Executive has responsibility for the overall organisation, management and staffing of the Trust.

The Chief Executive is responsible for executive and operational management of the Trust's business, consistent with the strategy and business objectives agreed by the Board of Directors. All members of the executive team report either directly or indirectly to him.

The Chief Executive is responsible, working with the executive team, for researching, proposing and developing the Trust's strategy and overall business objectives, which is done in consultation with the Chairman.

The Chief Executive is responsible with the executive team, for implementing the decisions of the Board of Directors and its Committees.

In delivering the Trust's strategic and business objectives, the Chief Executive is responsible for the maintenance and protection of the reputation of the Trust.

The operation of the Board of Directors and Council of Governors including high-level statement of decisions taken by each

The Board of Directors and the Council of Governors recognise the importance of the operational relationship of the two forums. The Board of Directors seeks the opinion of the Council of Governors on strategic issues affecting the Trust.

The scheme of delegation details the decisions that are taken by the Board of Directors.

Going concern statement

A full statement is included in this report at page 182.

Preparation of the annual report and accounts

The Directors of the Trust are required to produce an annual report and accounts for the year. The Directors have considered the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess York Teaching Hospital NHS Foundation Trust's performance, business model and strategy.

Council of Governors

Every NHS Foundation Trust is required to have a body of elected and nominated governors. York Teaching Hospital NHS Foundation Trust has a Council of Governors, which is responsible for representing the interests of NHS Foundation Trust members, patients and carers, staff members and partner organisations in the local health economy.

As a public benefit corporation the Trust is accountable to the local community and staff who have registered for membership and to those elected to seats on the Council of Governors.

The Council of Governors' roles and responsibilities are outlined in law and detailed in the Trust's constitution. The Council of Governors' prime role is to represent the local community and other stakeholders in the stewardship of the Trust. It has a right to be consulted on the Trust's strategies and plans and any matter of significance affecting the Trust or the services it provides.

The general duties of the Council of Governors are:

- To hold the Non-executive Directors individually and collectively to account for the performance of the Board of Directors and
- To represent the interests of the members of the Trust as a whole and the interests of the public

The Council of Governors is specifically responsible for:

- The appointment and removal of the Chairman and other Non-executive Directors
- The approval of the appointment of the Chief Executive
- The appointment and removal of the External Auditors
- Requiring one or more of the Directors to attend a meeting of the Council of Governors for the purpose of obtaining information about the Trust's performance, of its functions, or the Directors' performance of their duties.

The Council of Governors considers and receives:

- The Annual Accounts, Auditors' Report and Annual Report
- Views from the membership on matters of significance affecting the Trust or the services it provides

All governors, both elected and appointed, are required to act in the best interest of the NHS Foundation Trust and adhere to the values and code of conduct of the Trust.

The Council of Governors holds the Board of Directors to account for the performance of the Trust. The Council of Governors receives the agenda of the Board of Directors prior to each meeting; the Council of Governors also receives a copy of the minutes of each meeting.

The Council of Governors has regularly received details of significant projects and strategies. Comments from the Council of Governors are included in any decision-making discussion held at the Board of Directors.

The Council of Governors works with the Board of Directors in an advisory capacity, bringing the views of staff and local people forward, and helping to shape the Trust's future. In addition to the formal responsibilities, its role includes:

- Representing the interests and views of local people
- Regularly feeding back information about the Trust, its visions and its performance to the communities they represent
- Attending meetings of the Council of Governors
- Receiving an annual report from the Board of Directors
- Monitoring performance against the Trust's service development strategy and other targets
- Advising the Board of Directors on its strategic plans
- Making sure the strategic direction of the Trust is consistent with its terms of authorisation as agreed by Monitor
- Being consulted on any changes to the Trust's constitution
- Agreeing the Chairman's and Non-executive Directors' remuneration
- Providing representatives to serve on specific groups and committees working in partnership with the Board of Directors
- Informing Monitor if the Trust is at risk of breaching its terms of authorisation, if the concerns cannot be resolved within the Trust
- Referring questions to the independent panel

The Council of Governors at York Teaching Hospital NHS Foundation Trust currently has 26 governor seats in the constitution:

Public Governors	Sixteen elected seats
Staff Governors	Five elected seats
Partner Governors: Local Authorities Local Universities Voluntary groups	Five appointed: <ul style="list-style-type: none"> • Three seats • One seat • One seat

Elections

The Trust held an election during the year. The next elections will be held during the summer of 2015. The following seats will be included in the elections:

- York constituency – 2 seat
- Selby constituency - 1 seat
- Ryedale and East Yorkshire constituency – 1 seat
- Scarborough constituency – 1 seat
- Bridlington constituency – 1 seat
- Whitby constituency – 1 seat
- Staff Community - 1 seat

The elections process will begin at the end of June 2015 and the election results will be announced at the end of September 2015.

The Chairman of the Trust also acts as Chairman of the Council of Governors.

The Governors

Listed below are the Governors, either elected or appointed, currently serving on the Council of Governors:

The table below identifies the Governors who have ceased being members of the Council of Governors during the year.

The table below lists the current members of the Council of Governors

Name	Initial appointment year	Date appointed	Term of office	End of Term date
Hambleton (1 seat)				
Jane Dalton	2008	01.04.13	3 yrs	31.03.16
Scarborough and Bridlington Constituency (2 seats in Scarborough, 2 seats in Bridlington)				
Clive Neale	2014	01.10.14	3 yrs	30.09.17
Terry Atherton	2012	01.10.12	3 yrs	30.09.15
David Wheeler	2012	01.10.14	3 yrs	30.09.17
Sue Wellington	2012	01.10.12	3 yrs	30.09.15
Selby Constituency (2 seats)				
Ann Bolland	2012	01.10.12	3 yrs	30.09.15
Andrew Butler	2012	01.10.14	3 yrs	30.09.17
Ryedale and East Yorkshire Constituency (3 seats)				
Jeanette Anness	2012	01.10.12	3 yrs	30.09.15
Sheila Miller	2012	01.10.14	3 yrs	30.09.17
Jenny Moreton	2013	01.04.13	3 yrs	30.03.16
Whitby Constituency (1 seat)				
Stephen Hinchliffe	2012	01.10.12	3 yrs	30.09.15
York Constituency (5 seats)				
Paul Baines	2006	01.04.12	3 yrs	31.03.15
Helen Fields	2013	01.04.13	3 yrs	31.03.16
Margaret Jackson	2012	01.10.14	3 yrs	30.09.17
Helen Mackman	2006	01.04.12	3 yrs	Retired September 14
Robert Wright	2014	01.10.14	3 yrs	30.09.17
Penelope Worsley	2012	01.10.12	3 yrs	30.09.15
City of York Council (1 seat)				

Joseph Riches	2011	27.05.13	3 yrs	26.05.16
North Yorkshire County Council (1 seat)				
Caroline Patmore	2005	01.04.15	3 yrs	31.03.18
East Riding of Yorkshire Council (1 seat)				
Dee Sharp	2013	01.12.13	3 yrs	30.11.16
University of York (1 seat)				
Rowena Jacobs	2012	01.03.15	3 yrs	28.02.18
The North Yorkshire Forum				
Michael Beckett	2012	01.10.12	3 yrs	30.09.15
Community (1 seat)				
Les North	2012	01.10.12	3 yrs	30.09.15
Scarborough and Bridlington (2 seats)				
Helen Noble	2012	01.10.14	3 yrs	30.09.17
Andrew Bennett	2014	01.10.14	3 yrs	30.09.17
York (2 seats)				
Mick Lee	2014	01.10.14	3 yrs	30.09.17
Elizabeth Jackson	2014	01.10.14	3 yrs	30.09.17

Council of Governors Meetings

The Council of Governors met in public four times during the year to discuss and comment on a number of aspects of the functioning of the Trust.

Training for Governors

To ensure the Governors are equipped with the skills they need to undertake their role, the Trust has been developing a programme of training for Governors during the year. During the year the Governors have received a session from the Director of Finance, the Director of Estates and Facilities, the Chief Nurse, Director of Workforce and OD, Electronic Prescribing. Future sessions will include a session from the Chief Operating Officer programme Director for Estates and Facilities and the Director of Nursing.

Attendance at Meetings

The Council of Governors meet as a minimum four times a year. The Governors also met on a number of other occasions during the year to receive informal updates and additional training and information. The Governors met with the Director of Finance for a presentation around finance in the NHS. The Governors also met with the Chief Executive and Chairman during the year to receive briefings on strategy developments.

The table on the next page shows the attendance of Governors at the formal Council of Governor meetings.

Attendees	11 June 14	9 Oct 14	10 Dec 14	11 March 15	Total meetings attended
PUBLIC CONSTITUENCIES					
Hambleton Constituency (1 seat)					
Jane Dalton	✓	✓	✓	✓	4/4
Scarborough and Bridlington Constituency (2 seats in Scarborough, 2 seats in Bridlington)					
Terry Atherton	A	✓	✓	✓	3/4
Clive Neale	Appointed Sept 14	✓	✓	✓	3/3
David Wheeler	✓	✓	✓	✓	4/4*
Sue Wellington		A			
Selby Constituency (2 seats)					
Ann Bolland	✓	✓	✓	✓	4/4
Andrew Butler	✓	✓	✓	✓	4/4
Ryedale and East Yorkshire Constituency (3 seats)					
Jeanette Anness	✓	✓	A	✓	3/4
Sheila Miller	✓	✓	✓	✓	4/4*
Jennifer Moreton	✓	✓	✓	✓	4/4
Whitby Constituency (1 seat)					
Stephen Hinchliffe	✓	✓	✓	A	3/4
York Constituency (5 seats)					
Paul Baines	✓	✓	✓	✓	4/4
Helen Fields	✓	✓	✓	✓	4/4
Margaret Jackson	✓	✓	✓	✓	4/4*
Helen Mackman	✓	Resigned Sept 14			1/1
Penelope Worsely	✓	A	✓	✓	3/4
Robert Wright	Appointed Sept 14	✓	✓	✓	3/3
PARTNERSHIP ORGANISATIONS					
City of York Council (1 seat)					
Joseph Riches	A	✓	✓	✓	3/4
North Yorkshire County Council (1 seat)					
Caroline Patmore	✓	✓	✓	✓	4/4
East Riding of Yorkshire Council (1 seat)					
Dee Sharp	A	A	A	✓	1/4

University of York (1 seat)					
Rowena Jacobs	✓	A	✓	✓	3/4
The North Yorkshire Forum					
Michael Beckett	✓	✓	✓	✓	4/4
STAFF CONSTITUENCIES					
Community (1 seat)					
Les North	✓	✓	✓	✓	4/4
Scarborough and Bridlington (2 seats)					
Helen Noble	✓	✓	A	✓	3/4
Andrew Bennett	Appointed Sept 14	✓	✓	✓	3/3
York (2 seats)					
Elizabeth Jackson	Appointed Sept 14	✓	✓	✓	3/3
Mick Lee	Appointed Sept 14	✓	✓	✓	3/3

Register of governors' interests

The Trust holds a register listing any interests declared by members of the Council of Governors. Governors must disclose details of company directorships or other positions held, particularly if they involve companies or organisations likely to do business, or possibly seeking to do business with the Foundation Trust.

The public can access the register at www.york.nhs.uk or by making a request in writing to:

The Foundation Trust Secretary
York Teaching Hospital NHS Foundation Trust
Wigginton Road
York YO31 8HE

or by e-mailing enquiries@york.nhs.uk

At the end of the financial year the Council of Governors declared the following interests:

Directorships including non-executive directorships held in private companies or public limited companies (PLCs) with the exception of those of dormant companies:

Michael Beckett

Caring for Businesses Ltd (50% owner), Next Steps Health Resource Centre and North Yorkshire and York Forum

Penelope Worsley

Trustee—NGO working overseas

Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS

Michael Beckett

Caring for Businesses Ltd (50% owner)

Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS

Michael Beckett

Caring for Businesses Ltd (50% owner)

A position of authority in a charity or voluntary organisation in the field of health and social care

Michael Beckett

Chair, Ryedale and District Mencap, specialist advisor Magnetics Arts CIC

Robert Wright

Volunteer for York Healthwatch

Sheila Miller

Member—Derwent and SRCCG Patients Groups

Member – Healthwatch

Driver – Ryedale Community Transport

Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services

Jeanette Anness

Member, Derwent Practice Representative. Member NY Healthwatch.

Michael Beckett

Non-executive Director, North Yorkshire and York Forum

Councillor, Malton Town Council

Next Steps Mental Health Resources Center

Ryedale and District Mencap

Andrew Butler

Manager – LRB

Robert Wright

NHS Leadership Academy

Jane Dalton

Researcher, University of York (Centre for Reviews and Dissemination).

Caroline Patmore

Councillor, North Yorkshire County Council

District Councillor, Hambleton District Council

Rowena Jacobs

Professor of Health Economics, Centre for Health Economics, University of York

Jenny Moreton

Member, Patient Forum Ampleforth/ Hovingham Practice

Member, Scarborough, Ryedale CCG Patient Group

Member, Healthwatch North Yorkshire

Member, Online Consultation group of CQC

Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation Trust including but not limited to, lenders or banks

Michael Beckett

Member, South Yorkshire Credit Union

Member, Yorkshire Building Society

Member, Smile

Member, Co-operative Bank

Andrew Butler

Member—Fund Raising Committee York MIND

Jane Dalton

Researcher, University of York (Centre for Reviews and Dissemination).

Caroline Patmore:

Councillor, North Yorkshire County Council

Joseph Riches:

Councillor, City of York Council

Rowena Jacobs:

Professor of Health Economics, Centre for Health Economics, University of York

Governor expenses

Governors are not remunerated, but are entitled to claim expenses for costs incurred whilst undertaking duties for the Trust as a governor (i.e. travel expenses to attend the Council of Governors' meetings). The total amount of expenses claim during the year from 1 April 2013 to 31 March 2015 by governors was £5,429 More detail can be found on page 184.

Related party transactions

Under International Accounting Standard 24 "Related Party Transactions", the Trust is required to disclose, in the annual accounts, any material transactions between the NHS Foundation Trust and members of the Council of Governors or parties related to them.

There were no such transactions for the period 1 April 2014 to 31 March 2015.

Appointment of the Lead Governor

The process for the appointment of Lead Governor requires Governors to put their name forward and provide a statement. These names and statements are put forward to the full Council of Governors as an election and the Governors vote for who they would like as their Lead Governor. The Council of Governors followed this process and appointed Mrs Margaret Jackson as Lead Governor from 1 April 2014. Mrs Jackson's term of office came up for election during the summer and she was reappointed as a Governor for a further three years in September 2014. The Council of Governors confirmed that they wanted Mrs Jackson to continue as Lead Governor.

Lead Governor Annual Report

Having been elected by my Governor colleagues as Lead Governor in April 2014 and re-elected as Governor by Members in September 2014 this is my first report as Lead Governor. Although my working life was spent in the NHS with much of my employment being in York I have learnt much about the services provided and the expectations of the community since taking on the role of Governor. In the most recent elections the Governors were particularly pleased that staff governors were elected to support those already holding this position ensuring that the views of staff are listened to, included in any debates and represented at meetings.

I would like to take this opportunity of thanking my predecessor, Helen Mackman for ensuring that the role of a Governor is developed and that the CoG is recognised and accepted as an integral part of the Foundation Trust. It is seen as a crucial group in holding the Trust to its values, in ensuring that the views of Members and the wider community continues to be sought and taken account of at every opportunity. Patient care and safety is the first priority for the Trust in increasingly challenging times. This year, Governors have been able to continue to develop their role working closely with everyone at the trust but particularly with the Trust Chairman, Alan Rose and Anna Pridmore, Foundation Trust secretary. With thanks to them for their on-going advice, support and availability. It is much appreciated by all.

As usual, Governors have been able to see Directors and Non-Executive Directors in their roles in a variety of ways and been able to debate and discuss issues as they arise. Governors have attended Board of Directors meetings, ad-hoc seminars presented by Directors and Trust Senior Managers on topics highlighted as of interest by Governors. Presentations at the CoG from Non-Executive Directors allowing for debate and discussion about their role and the work they have been or are involved in. They are members of different trust groups in which they are able to contribute ensuring that their colleagues are kept abreast of issues being debated. Of particular interest this year was the afternoon Governors spent with Directors and Non-Executive Directors discussing the Strategic Plan. Governors felt valued, involved and able to pro-actively contribute to this development. Trust colleagues spend much time with Governors ensuring that they are kept up to date with developments being considered or planned and their time is much appreciated. All of these activities have enabled Governors to continue to build their relationships with Directors, Non-Executive Directors and Trust staff, understand their roles and become more aware of how they carry out their responsibilities. Also Governors have been involved in the recruitment to senior posts within the organisation and have greatly valued being included in these appointments.

Public Governors have been elected by Trust Members to represent their views and that those of the wider community across the large geographical area served by the Trust. This in itself presents a real challenge as issues are or may be different for each community and their priorities may differ. The Trust, since the acquisition of Scarborough Hospital has continued to review and develop services involving the local Governors in the discussions.

Governors attended the Annual General meeting (AGM) and Open Day at Scarborough providing a stand on the day and a presentation as part of the AGM. The stand highlighted aspects of their role, and the benefits of becoming a Member of the Trust. Governors along with the trust are keen to increase the number of Members and the current information available is being reviewed and updated to support this.

To gain the views of Members and the community Governors attend Patient Participation groups in their local General Practices or areas, Local Commissioning group meetings, are involved in visiting departments within the trust. This enables Governors to meet and discuss issues with staff, patients and visitors. The Head of Communications has encouraged Governors to submit information about their activities to be included in the Members newsletter.

The two particular developments that I would like to highlight and Governors are delighted to see developed and support are the following:

1. A Psychiatric Liaison Service based in the Emergency Department at York Hospital. This is a pilot scheme to run for a year has been developed by York Trust and Leeds and York Partnership NHS Foundation Trust. A Psychiatric Liaison Specialist Nurse is available 24 hours a day, seven days a week with Consultant support. The initial feed-back is very good. This service has been seen by the Governors as an essential part of the service provided to patients in ED and the development is welcomed.
2. The change of emphasis made by the Patient Experience team in looking at the patient experience as a whole and not focusing on one element, complaints or concerns. A new leaflet is being produced which has been widely consulted on and should be available shortly. It is entitled "Your Experience Matters". Please do encourage patients and their families to let the Trust know about their experiences.

Governors are very aware of the challenges the Trust faces and are grateful to the commitment shown by all staff to ensure that patients receive the best care possible. In attending the Trust "Celebration of Achievement Award" Ceremony this year it was a privilege to see the efforts individuals and teams were making to ensure this happens.

Margaret Jackson, Lead Governor

Membership of the committees and groups

The Council of Governors has delegated authority to a number of committees and groups to address specific responsibilities of the Council of Governors. During the year the Council of Governors welcomed some new members following the elections. This has meant that during the latter part of the year the Governors have reviewed the groups and committees and a number of internal elections have taken place which have strengthened the groups.

Nominations /Remuneration Committee

The Committee met four times during the year, as planned.

The membership of the Committee was as follows:

Alan Rose – Chairman of the Trust (Chair)
Anna Pridmore – Foundation Trust Secretary (Secretary and Governance advisor)
Margaret Jackson – Lead Governor (Vice-Chair)
Paul Baines – Public Governor, City of York
Jane Dalton – Public Governor, South Hambleton
Jeanette Anness – Public Governor, Ryedale and East Yorkshire
Ann Bolland – Public Governor, Selby
Stephen Hinchliffe – Public Governor, Whitby
David Wheeler – Public Governor, Scarborough
Michael Beckett – Appointed Governor, North Yorkshire and York Forum
Rowena Jacobs – Appointed Governor, University of York
Les North – Staff Governor, Community Services

During the year, issues covered included:

- Annual review of remuneration of the seven non-executive directors (including the Chairman). This year, the remuneration change mirrored that of staff in general and the executive team in being a 1% rise.
- Annual appraisal of all seven non-executive directors (including the Chairman). The Chairman's appraisal is conducted by the Lead Governor and the Senior Independent Director (Philip Ashton). The non-executive director appraisals are conducted by the Chairman. All appraisals include the opportunity for any governor and director to contribute. In each of the above cases, the Committee made recommendations that were discussed and ratified by the full Council of Governors at subsequent meetings. These recommendations include a set of written priorities for each non-executive director to focus on and be evaluated against in their next appraisal. In the case of the Chairman, the focus was on what the governors felt the Chairman should focus on in his last year of office. When each appraisal is presented, the timelines for the non-executive director's period of office are reviewed as a whole and the "linkages" each director holds to activities of the Trust are confirmed
- The Committee oversaw the detailed process for the governor appointment of a new Chair of the Trust. This was successfully achieved and Sue Symington will take over as Chair in April 2015. After the event, the Committee reflected on the process and will take the learning forward to help shape the future non-executive director appointment processes
- Three non-executive directors reached the end of their current term of office during the year (Philip Ashton, Mike Keaney and Jennie Adams). In each case, following strong and detailed appraisals, the Committee recommended to the Council of Governors that they be reappointed for a further term. These re-appointments were subsequently approved
- It is noted that, in the year ahead, the other three non-executive directors will reach the end of their current term of office; a decision will be made at that point regarding next steps

- The Committee received significant support from the Human Resources Department during the year, due to the complexity and importance of the Chair appointment process
- The terms-of-reference and work programme of the Committee were reviewed.

The minutes of the Nominations/Remuneration Committee are circulated to the private session of the full Council of Governors and the Chairman offers time for discussion. In the Council's subsequent meeting in public, the Chairman briefly summarises the decisions taken by the Committee and their ratification (or not) by the full Council of Governors.

An election was held near the end of the financial year and Sheila Miller (Public Governor, Ryedale and East Yorkshire) replaces David Wheeler on the Committee from March 2015.

Alan Rose Chairman of the Committee

Community Engagement Group

This sub-group of the Council of Governors with representatives from all areas who have an interest in community issues has continued to meet throughout the year. The group completed the patient survey work at Selby and Malton Hospitals and a report of the findings were submitted to the Community Services Manager. The group thanked Sue Wellington for her work in helping us devise the survey form, format it and pull together the report of the findings for us.

The group also reviewed the equipment loan process and highlighted their findings. The Trust is reviewing the current contract arrangements and the group felt this was a particularly important issue to support the development of the community hubs. The group discussed future projects and the best way forward. It was agreed after discussion that the group would become a Trust led group and have a wider community representation. Thanks go to Terry Atherton for his chairmanship and to Ann Bolland for her secretarial support to the group. Both will continue to be part of the group as we go forward.

The group will now be known as the Community Services Group and includes representation from wider community organisations, particularly Healthwatch and will provide a lay forum to support the development of Community Services, providing advice and challenge on behalf of the communities represented. To date this has included the revision of information leaflets for service users, review of the proposed clinical model for Community Response Teams and validation of a feedback questionnaire. Terms of reference for the group are being updated and governor members (representing each of the localities served by the Trust) provide feedback to the wider governor group on the developments that are reviewed.

Steve Reed, Chairman of the Group

Constitution review Group

The membership of the Constitutional Review Group includes:

Andrew Butler, Governor for Selby
Ann Bolland, Governor for Selby

Jeanette Anness, Governor for Ryedale and East Yorkshire
Michael Beckett, Governor for the North Yorkshire Forum
Anna Pridmore, Foundation Trust Secretary
Mick Lee, Staff Governor, York
Jenny Moreton, Governor for Ryedale and East Yorkshire

The Constitutional Review Group has met during the year to discuss the aspects of the Health and Social Care Act that have not been included in the Constitution, but must be addressed.

The Group has developed a work programme that includes the key pieces of work such as ensuring that Governors are fully informed and appropriately trained by the Trust.

The Group has been discussing undertaking a skills audit and which processes might be put in place to ensure all Governors are supported by the Trust to gain any additional skills or training they may need.

The Group has also developed a business card that can be used by Governors to summarise their role when they are talking to members of the public.

The Group examined a proposal from the Trust to extend its membership area in the Hambleton district as there were a number of service users in this area which were not covered by the Trust's constituency boundaries. The Group considered and recommended this to the Council of Governors who ratified the change in the Constitution.

The Group has developed a process for the Council of Governors to follow when it requires the attendance of a Director at Council of Governor meetings, as allowed under the Health and Social Care Act.

Finally the Group developed a process for the Council of Governors to follow when it is considering an issue and may wish to escalate it to Monitor's independent Panel.

Andrew Butler Chairman of the Group

Foundation Trust membership

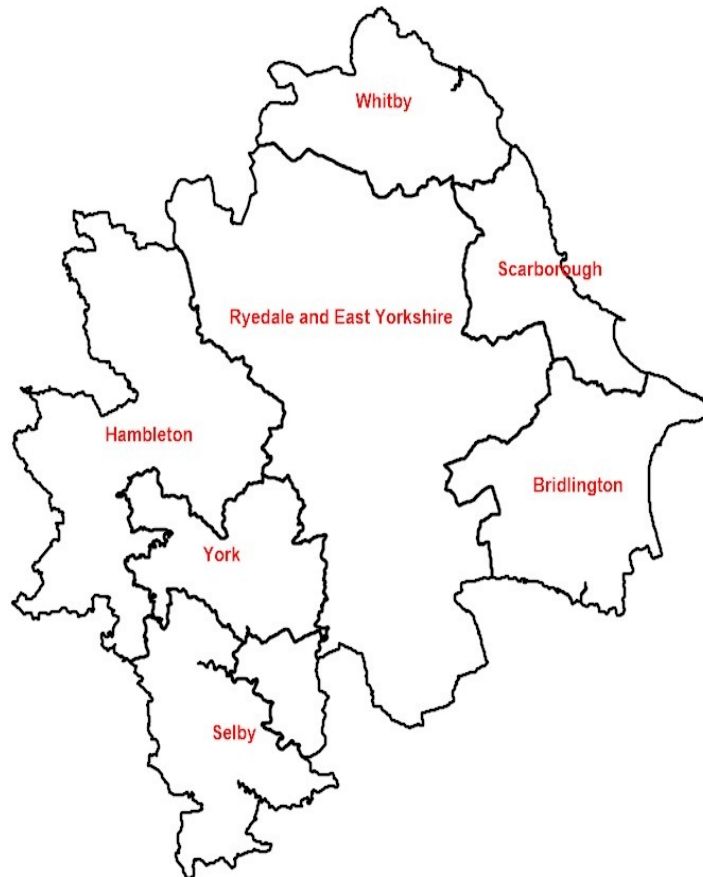
Introduction

The focus of the past year has been to consolidate our membership following the development of the membership in 2012/13.

Our current catchment area

The map below shows the seven communities the Trust now serves and each one forms a public constituency for our membership. During the year the Trust extended the area covered by the Hambleton Constituency. The change was made to ensure the constituency was representing the patient it serves.

The York and Scarborough catchment area



We have defined our public constituency boundaries to fit as far as possible with clearly defined local authority boundaries and “natural” communities. Each of the seven constituencies contains at least one hospital facility run by the Trust – places that the local population clearly identify with and care much about; in our experience this is a key issue for membership.

We have also extended the catchment boundaries of Hambleton in wards where we have significant clusters of patients.

The York constituency includes all 22 City of York wards and the wards of Ouseburn and Marston Moor of Harrogate Borough Council. The hospital facilities include the following:

- The York Hospital (general acute hospital)
- Archways (rehabilitation hospital in York)
- St Helen’s (rehabilitation hospital in York)
- White Cross Court (rehabilitation in York)

The Selby constituency includes all 20 wards of Selby District Council area and the parishes of Bubwith, Ellerton, Foggathorpe and Wressle which are outside of SDC. The hospital facility in this area is:

- The New Selby War Memorial Hospital (community hospital).

The Hambleton constituency includes seven Hambleton District Council wards of Easingwold, Helperby, Huby and Sutton, Shipton, Stillington, Tollerton and White Horse. The additional areas now included in the constituency are Northallerton, Bromfeild, Northallerton Central, Romanby, Sowerby, Thirsk, Throntons, Topcliffe, Whitestone Cliff, Bishop Monkton, Boroughbridge, Carlo, Hookstone, Knaresborough East, Knaresborough King James, Knaresborough Scriven park, Newby, Pannal, Ribston, Ripon Minster, Ripon Mooreside, Ripon Spa, Spofforth with Lower Wharfedale, Starbeck, Wetherby.

The hospital facility in this area is:

- St Monica's Hospital (community hospital in Easingwold).

The Ryedale and East Yorkshire constituency covers all 20 Ryedale District Council wards and the East Riding wards of Pocklington Provincial, Wolds Weighton and the parish of Holme upon Spalding Moor. The hospital facility is:

- Malton, Norton and District Hospital (community hospital in Malton)

The Whitby constituency includes all seven wards of Whitby Town Council. The hospital facility is:

- Whitby Hospital (community hospital)

The Scarborough constituency includes all 18 wards of Scarborough Borough Council. The hospital facility is:

- Scarborough and District Hospital (general acute hospital)

The Bridlington constituency includes all three wards of Bridlington Town Council, and the two wards East Riding Council, Driffield and Rural and East Wolds and Coastal. The hospital facility is:

- Bridlington and District Hospital (general hospital).

The Trust continues to keep the constituency areas under review during the year to ensure that the constituencies reflect the communities served by the Trust.

The out of area public members

We will continue to offer membership to the public who live outside of these constituencies. Previously named "affiliate" members, they will now be referred to as "out of area" members.

Membership breakdown report by age, gender and ethnicity at 31 March 2015

	York	Selby	Hambleton	Ryedale and East Yorks	Bridlington	Scarborough	Whitby	Out of Area
Total Members	6093	1727	773	1656	467	434	258	718
Age Range (Monitor age banding)								
	York	Selby	Hambleton	Ryedale and East Yorks	Bridlington	Scarborough	Whitby	Out of area
0 to 16	0	0	0	0	1	1	0	0
17 to 21	42	16	6	9	26	7	3	38
22 or Over	5832	1680	737	1603	413	412	246	136
Unknown	219	31	30	44	27	14	9	115
22+ breakdown								
22-29	141	40	11	25	23	16	8	46
30-39	219	41	22	33	24	21	7	45
40-49	639	179	68	142	32	38	13	110
50-59	899	271	103	222	44	45	25	135
60-74	2107	651	274	643	167	180	110	243
75+	1827	498	259	538	123	112	83	157
Gender	York	Selby	Hambleton	Ryedale and East Yorkshire	Bridlington	Scarborough	Whitby	Out of area
Female	3433	993	454	947	329	301	174	520
Male	2638	731	313	701	138	133	81	325
Transgender	0	0	0	0	0	0	0	0
Unknown	22	3	6	8	0	0	3	44

Ethnicity Types	York	Selby	Hambleton	Ryedale and East Yorkshire	Bridlington	Scarborough	Whitby	Out of area
White English, Welsh, Scottish, N Irish, British	2049	558	278	658	404	373	203	351
White Irish	8	2	1	4	1	1	2	4
White Gypsy or Irish Traveller	0	0	0	0	0	0	0	0
White Other	34	3	4	5	2	3	2	3
Asian Indian	4	3	0	0	0	1	0	5
Asian Pakistani	3	0	0	0	0	0	0	3
Asian Bangladeshi	0	1	0	0	0	0	0	0
Asian Chinese	2	0	1	0	0	0	0	1
Asian Other	7	0	1	0	2	1	0	1
Black African	3	0	0	0	0	1	0	
Black Caribbean	2	0	0	0	0	0	0	1
Black Other	0	0	0	0	0	0	0	0
Mixed White and Asian	3	0	1	2	0	2	0	0
Mixed White and Black African	2	0	0	1	0	0	0	0
Mixed White and Black Caribbean	1	0	0	1	0	0	0	1
Mixed Other	2	0	1	0	0	0	0	1

Ethnicity Types	York	Selby	Hambleton	Ryedale and East Yorks	Bridlington	Scarborough	Whitby	Out of area
Other Ethnic Group – Arab	0	0	0	0	0	0	0	0
Other Not Stated	1	0	1	0	1	0	0	0
Unknown	3975	1160	485	985	57	52	51	518

All members of staff employed in the Trust are eligible for membership unless they decide they do not want to be and complete an “opt out “form.

Qualifying staff members are those that:

Have a permanent contract with the Trust

Have been on a series of short-term contracts adding up to more than 12 months

Or work within the Trust, but are not directly employed by the Trust on permanent or short-term contracts as above.

Membership numbers by constituency

Constituency	Membership at 1 April 2014	Membership at 31 March 2015	Net gain/loss
York	6,262	6,093	-169 (-1.73%)
Selby	1,765	1,727	-38 (-0.39%)
Hambleton	633	773	140 (1.15%)
Ryedale and East Yorks	1,700	1,656	-44 (-0.45%)
Bridlington	467	467	No change
Scarborough	437	434	-3 (-0.03%)
Whitby	260	258	-2 (-0.17%)
Out of area	889	718	-171 (-2.12%)
Staff	9,076	9,285	209 (2.04%)
Total	21,489	21,411	78 (0.78%)

Membership recruitment targets

One of the Trust's main objectives in 2014/15 has been to maintain membership across the Trust. The current objective is to continue this development until the Trust has achieved approximately 5% of the eligible population across all the seven constituency areas.

Membership recruitment activity during 2014/15

The Trust has not undertaken any specific recruitment activities during the year.

The Trust has held a number of open days where Governors and staff have recruited members.

Members are also encouraged to contact Governors and details are included on the Trust's website. Members of the public are encouraged to join the Trust and this can be achieved by completing the online application form or requesting an application form to be sent in the post. Members of the public are entitled to become a member of the Trust if they live within the catchment area of the constituencies and are over the age of 16. Details of the constituencies are found in this report at page 171.

Plans for future membership recruitment

As part of embedding the changes made during 2012 the Communications Department is preparing a new Communications and Engagement strategy which will outline how the Trust will communicate and engage with the public and members.

Overall however the Trust will plan the following:

- Maintain >3% of population as members. In all our constituencies we will continue a conservative, but steady programme of topping-up our membership to ensure our engagement with the communities stays fresh and that the “natural attrition” of members dying or moving away is replaced. We aim to keep our level of penetration at around the 2.5-5% level of the eligible population (this varies by specific local area)
- We ask senior management to include awareness and the benefits of membership in every local meeting they attend (e.g. local partnership groups, community forums, etc)
- The website will continue to offer the benefits of membership to those who access it
- It is hoped that improved member involvement will continue to feature as an area for discussion with Governor groups as part of the new look Council of Governors.
- Socio-economic groupings – We recognise that people from certain socio-economic groupings are not well represented in the membership. We will continue to plan recruitment events to ensure a balance exists across all groupings.

Socio-economic groupings:	Number of members	Public Total
ABC1	3,684	47,822
C1	3,321	61,728
C2	2,270	46,441
DE	2,113	48,081
Unknown	744	

- Age/gender –The Trust has more female members than male members and a higher proportion of members aged over 50. We will consider these issues when planning events during the coming year.

Age(years):	Number of members	Public Total
0 – 16	2	123,126
17 – 21	109	43,562
22+	10,923	530,200
Unknown	1,098	

Gender:	Number of members	Public Total
Female	6,631	355,854
Male	4,735	341,031
Transgender	0	
Unknown	766	

- Ethnicity – The Trust continues to encourage and increase BME (black minority ethnic) membership from all local communities. We are mindful of the large influx of individuals from Eastern Europe to the area since the 2001 census. We are aware of the longstanding presence in the Scarborough area of a large population from the Philippines. We have made contact with this group and plan to undertake engagement activity during the coming year.

Ethnicity	Number of Members	Public Total
White	4,592	666,244
Mixed	16	6,082
Asian or Asian British	26	10,874
Black or Black British	6	2,384
Other	3	1,605
Unknown	7,495	

- Constituency meetings (local health events) – Local constituency meetings enable direct consultation and debate with the membership on topical issues. We are planning to establish and develop constituency meetings in all seven areas and we see them being attended by the governors, representative from the Board, local Trust members and members from Healthwatch/other stakeholder groups.

Statutory information

Statutory information

Directors

The Trust has a Board of Directors, during the year the membership of the Board changed. At the end of the year the membership included the Chairman, six other Non-executive Directors, and seven Executive Directors.

Non-executive Directors

The Chairman is Alan Rose, Mr Rose's term of office finished on 31 March 2015. Ms Susan Symington became the Chairman from 1 April 2015.

The six other Non-executive Directors are Mr Phillip Ashton (Senior Independent Director), Ms Libby Raper, Mr Michael Sweet and Professor Dianne Willcocks (Vice Chairman), Mrs Jennie Adams and Mr Mike Keaney.

Executive Directors

During the year the Executive Directors were Mr Patrick Crowley (Chief Executive), Mr Andrew Bertram (Finance Director), Mrs Beverley Geary (Chief Nurse), Mrs Sue Holden, Director of Workforce and Organisational Development, Dr Alastair Turnbull (Medical Director), Mr Mike Proctor (Deputy Chief Executive) and Mrs Juliet Walters, (Chief Operating Office,)

Brief history of the Trust

In 1976, York District Hospital came into being. The scale of the hospital, with 812 beds in 30 wards, was at the time, larger than anything ever seen in York. It replaced a total of nine hospitals: York County Hospital, York City Hospital, Military Hospital, Fulford Hospital, Acomb Hospital, Poppleton Gate, Deighton Grove, Fairfield Hospital and Yearsley Bridge Hospital. Princess Alexandra came to officially open it on 28 July 1977.

The new hospital cost £10.5m to build and a further £2m to equip. It occupied 20 out of the 22 acres on the site and accommodated over 1,600 staff.

In 1981, a scheme commenced to house maternity services at the main site. A delivery suite and special care baby unit were built and existing wards were converted to antenatal and postnatal wards and a new maternity entrance was created.

York Health Authority became a single district Trust in April 1992, known as York Health Services NHS Trust.

The development of the Selby and York Primary Care Trust had major implications for York Health Services NHS Trust, as it had provided secondary care and community services since 1992. Community and mental health services in Selby and York were taken over by the PCT and the function of York Health Services NHS Trust now centred on secondary acute care. In

2003 the main hospital changed from York District Hospital to York Hospital and became York Hospitals NHS Trust.

Having achieved a three star performance rating in 2005, the Trust applied to become a NHS Foundation Trust in 2006. Monitor approved the application and York Hospitals NHS Foundation Trust began life on 1 April 2007. The attainment of this target was a great tribute to the hard work of staff throughout the organisation and is recognition that we are one of the top performing organisations in the country. Being a Foundation Trust means we can manage our own budgets and are able to shape our services to reflect local needs and priorities whilst remaining fully committed to the core principles of the National Health Service.

The Trust then decided to adopt 'Teaching' into the name. This was as a result of our increasing involvement with Hull York Medical School (HYMS), our ever-strengthening links with York's universities and other higher and further education establishments and the recognition of our commitment to continued learning, training and development for our staff. Our decision to change our name was approved by Monitor, the Foundation Trust regulator, and came into effect from 1 August 2010.

In April 2011, we took over the management of some community-based services in Selby, York, Scarborough, Whitby and Ryedale. This included some community nursing and specialist services as well as Archways in York, St Monica's in Easingwold, The New Selby War Memorial Hospital, Whitby Hospital and Malton Hospital.

Our main site is The York Hospital which offers a range of inpatient and outpatient services. With our two community rehabilitation hospitals at St Helen's and White Cross Court we have over 700 beds.

We provide some more specialist services from other sites, including renal dialysis in Easingwold and Harrogate, and sexual health services in Monkgate Health Centre in York.

On 1 July 2012, the Trust completed the transaction for the acquisition of Scarborough and North East Yorkshire Healthcare NHS Trust.

We also work collaboratively in certain specialties through our clinical alliance with Harrogate and District NHS Foundation Trust, and Hull Teaching Hospital NHS Trust to strengthen the delivery of services across North and East Yorkshire.

Financial information

So far as the Directors are aware, there is no relevant audit information of which the auditors are unaware.

The Directors have taken all steps they can in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

Better Payment Practice Code – Measure of Compliance

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or receipt of a valid invoice, whichever is later

	Number	Value (£000)
Total Non-NHS trade invoices paid in the year	107,490	140,511
Total Non-NHS trade invoices paid within target	82,460	108,069
Percentage of Non-NHS trade invoices paid within target	76.71%	76.91%
 Total NHS trade invoices paid in the year	 3,928	 31,106
Total NHS trade invoices paid within target	2,692	22,571
Percentage of NHS trade invoices paid within target	68.53%	72.56%

The Trust has complied with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector Information guidance.

External Audit

The External Auditors employed by the Trust are Grant Thornton UK LLP No.1 Whitehall Riverside, Whitehall Road, Leeds LS1 4BN.

The total cost of audit services for the year was £76,500 inclusive of VAT for the statutory audit of accounts and an external assurance audit for the Quality Account, for the 12 months ending 31 March 2015. Grant Thornton has not provided any non-audit services during the year. Grant Thornton have held the contract for five years.

The External Audit Service was retendered during the year. The tender process required supplier to submit a tender document based on a Trust agreed specification. Each supplier was invited to attend the Trust to meet with management, following which there was a final panel which included Governors, the Chairman of the Audit Committee, the Director of Finance and the Deputy Chief Executive. The Governors chaired the panel and received support from the Chairman of the Audit Committee and the Executive Directors. The successful firm was Grant Thornton LLP and the contract period is for three years with an option to extend by a further two years with the approval of the Council of Governors.

Going concern

The Trust finished 2014/15 with a small operating deficit and a healthy cash position of £18.5m. This was despite significant pressures from Agency costs, non-elective activity above plan and fines. The Trust also delivered a significant capital programme; with £22.3m invested to improve services across the locality. The outturn for 2014/15 is a Monitor COSR of 4 and a Green for governance.

The plan, submitted to the Board on the 29th April for 2015/16, delivers an operating deficit of £3.2m. This includes income growth from commissioners and other sources of £6.2m, after assuming a £14.0m reduction from CCG QIPP schemes, fines, and other payment risk issues. The income plan is based broadly on the estimated outturn activity for 2014/15 together with Directorate assessments of growth and service developments.

In light of the projected deficit, work has commenced on developing a financial strategy that returns the Trust to a surplus position within the next two years.

Cash in 2015/16 is expected to fall by £873k in year and is therefore not considered a significant risk. This is due to the impact of a £9.5m loan to support the Capital programme and the receipt of £3m of Strategic Capital linked to integration.

Plans for 2016/17 are yet to be fully developed but cash is expected to fall by £873k in the first two months of the financial year.

A number of significant risks and assumptions to achieving the Income and Expenditure position are included in the plans. The Trust has therefore undertaken a sensitivity analysis using the tool in the Monitor template. The sensitivity analysis tests their overall robustness in the event a 'downside' scenario develops over the period of the plan.

Although there is a complex inter-relationship of variables, which drive the Trust's financial projections, the following have been considered and incorporated into a 'downside' scenario:

- Reduction in NHS clinical income (other than Community Services, which have block contracts), driven by lower activity volumes and/or a greater impact of commissioners' QIPP plans - an overall reduction of £3.75m (1%) is assumed. To compensate, non-pay cost reductions of £750k (20% of income reduction) are assumed.
- Increased overall expenditure resulting from higher than planned non-pay inflation - increased costs of 0.5% or £499k is assumed.
- Failure to meet the 2015/16 planned cost improvement target - a shortfall of 5% or £1.288m is assumed.

the sensitivity analysis tests their overall robustness in the event a 'downside' scenario develops over the period of the plan.

The impact of these assumptions is that the Trust's EBITDA margin will reduce from 3.32% (£15.1m) to 2.29% (£10.3m), whereas the deficit margin increases from 0.75% (-£3.2m) to 1.73% (-£7.4m).

Should the 'downside' scenario materialise the Trust has identified and will use a combination of strategies to mitigate the impact. These are:

- Stop and/or defer planned investments.
- Increase the level of CIPs required in 2015/16.
- Increase activity and income through seeking new business from new markets.
- Service Rationalisation.

As is the case for most of the NHS, the Trust is facing a particularly difficult challenge in terms of maintaining financial sustainability. The Board of Directors is fully sighted on this challenge and in approving the plan believes the Trust to be able to maintain a COSRR of at least 3 for the next 12 months.

In summary, after making enquiries, the directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future.

Expenses for Governors and Directors

Section 156(1) of the Health and Social Care Act 2012 requires the Trust to provide the following information

	2014-15		2013-14	
	Governors	Directors	Governors	Directors
Total Number	22	14	22	14
Total Number Receiving Expenses	18	11	18	13
Aggregate Sum of Expenses Paid	£5,759	£10,343	£4,000	£15,300

Remuneration Report

The Remuneration Committee

The Trust has two Remuneration Committees. One is made up of a group of Governors to determine the appropriate remuneration for Non-executive Directors, including the Chairman. This Committee reports to the Council of Governors and details of the Committee can be found on page xx of this report.

The second Committee has delegated authority from the Board of Directors to make decisions in respect of salary and conditions of service for the Executive Directors, and its membership includes the Non-executive Directors of the Trust. More detail about the Remuneration Committee can be found on page 152.

The membership of the remuneration Committee includes all the Non-executive Directors and the Chairman. On 31 March 2015 Mr Alan Rose (Chairman of the Trust) completed his term of office. A new Chairman, Ms Susan Symington was appointed from 1 April 2015. During the financial year 2014/15 the Remuneration Committee met on seven occasions. The Chief Executive attended to provide professional advice and information. He was not part of the decision making process. The Chief Executive attended all seven meetings.

Name	30 April 2014	25 June 2014	13 August 2014	29 October 2014	26 November 2014	25 February 2015	25 March 2015
Alan Rose	✓	✓	✓	✓	✓	✓	✓
Dianne Willcocks	✓	x	x	✓	✓	✓	✓
Philip Ashton	✓	✓	✓	✓	✓	✓	✓
Michael Sweet	✓	✓	✓	✓	✓	x	✓
Libby Raper	✓	x	✓	✓	✓	✓	✓
Mike Keaney	✓	✓	✓	✓	✓	✓	✓
Jenny Adams	✓	✓	✓	✓	✓	✓	✓

In attendance

Patrick Crowley	✓	✓	✓	✓	✓	✓	✓
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At the meeting held on 13 August 2014 the Remuneration Committee considered a specific item related to governance. At that meeting the following Executive Directors attended – Director of Workforce and Organisational Development, the Deputy Chief Executive, the Chief Nurse and the Medical Director for that item.

Remuneration of the Chief Executive and Executive Directors

The remuneration of the Chief Executive and other Executive Directors is decided by the Remuneration Committee. The Remuneration Committee agreed the Executives would receive an increase in line with the nationally

agreed increase for all Agenda for Change Staff. The Committee was provided with benchmarking data by the Director of HR.

Remuneration of the Chairman and Non-executive Directors

During 2014/15 the remuneration of the Chairman and the Non-executive Directors was considered by the full Council of Governors. The governors agreed that the Chairman and Non-executive Directors would receive an increase in line with the nationally agreed increase for all Agenda for Change Staff. The Governors were provided with benchmarking data by the Director of HR.

Remuneration policy

With the exception of the Chief Executive, Executive Directors, Corporate Directors and medical staff, all employees of the Trust, including senior managers, are remunerated in accordance with the national NHS pay structure, Agenda for Change. It is the Trust's policy that this will continue to be the case for the foreseeable future. The remuneration of the Chief Executive and six other Executive Directors and two Corporate Directors is determined by the Board of Directors' Remuneration Committee.

The Chief Executive and the three whole-time Executive Directors (Director of Finance, Chief Nurse and Director of Workforce and Organisational Development) are paid a flat rate salary within the range determined by the Remuneration Committee. The Medical Director is a part-time Executive Director and is remunerated as a medical practitioner is separate from his salary as an Executive Director.

In reviewing remuneration, the Committee has regard for the Trust's overall performance, the delivery of the agreed corporate objectives for the year, the pattern of executive remuneration among Foundation Trusts and the wider NHS, and the individual director's level of experience and development in the role. The Remuneration Committee does not review the pension arrangements; they are agreed nationally within the NHS.

There is no performance-related element, but the performance of the Executive Directors is assessed at regular intervals and unsatisfactory performance may provide ground for termination of contract. The Executive Directors do not have fixed term contracts and the Non-executive Directors all have service contracts that are a maximum length of three years. Details of terms of office of the Non-executive Directors are available on request from the Foundation Trust Secretary at enquiries@york.nhs.uk

Future policy table

	Description
Salary/fees	A fixed regular payment, typically paid on a monthly basis but often expressed as an annual sum

Clinical Excellence Awards	The Clinical Excellence Awards Scheme recognises and rewards NHS consultants and academic GPs who perform over and above the standard expected of their role
Benefits in kind	Benefits in kind are benefits which employees or directors receive from their employment but which are not included in their salary
Pensions	The <i>NHS Pension Scheme</i> is a <i>defined</i> benefit public service <i>pension scheme</i> , which operates on a pay-as-you-go basis. <i>Pension benefits</i> are based on final salary (although general and dental practitioners accrue <i>pensions</i> on a 'career average' basis).

The Trust's short and long term strategic objective related to pay of senior managers is to provide a remuneration package that attracts high quality, well experience and efficient Directors to drive the developments in the organisation and ensure the Trust is providing efficient, effective services for the community.

Listed below is an explanation of how each component in the table above operates in the Trust:

Salaries/fees - paid on a monthly basis in arrears to each senior manager.

Clinical Excellence Awards - awarded following a detailed assessment process on an annual basis to those who have demonstrated excellence in their field. The Medical Director in the Trust has received Clinical Excellence Awards.

Benefits in kind - Senior Managers in the Trust are entitled to leased cars.

Pensions- contribution are made in accordance with the NHS Pension Scheme. Senior Managers are entitled to opt out of the scheme.

The remuneration package agreed for the Senior Managers is agreed and monitored by the Remuneration Committee. The Medical Director receives separate remuneration for being a clinician and for his time as the Medical Director.

The Trust does not operate a performance related pay element to remuneration. The Trust does have a policy for the recovery of sums paid or for withholding the payments of sums to Senior Managers. Should the occasion arise the Trust can through the payroll system, through consultation adjust any payment made to a Senior Manager.

The Trust operates the Agenda for Change policy for all employees except Senior Managers and Doctors.

The Non-executive Directors at the Trust are paid on a monthly basis through the payroll system. Their fees are agreed by the Council of

Governors at appointment and are reviewed on an annual basis using benchmarking data to support their decision.

Service contract obligations

The Non-executive Directors hold service contracts; the Executive Directors hold employment contracts. The service contracts and employment contracts have been reviewed during the year and do not give rise to payments for loss of office.

Statement of consideration of employment conditions elsewhere in the Foundation Trust

The Remuneration Committee considers the remuneration package of the Executive Directors on an annual basis. The Director of Workforce and Organisational Development provides a report and benchmarking information for the Remuneration Committee to support a discussion and a decision on any incremental increase. The Trust report any increment paid to the public through the next public Board meeting. The Trust does not consult with employees about the Executive Director remuneration.

The Non-executive Director fees are considered by the Governors' Nomination/ Remuneration Committee and a recommendation is agreed by the whole Council of Governors. The recommendation is prepared following a discussion and the receipt of benchmarking data prepared by the Director of Workforce and Organisational Development. The Nomination/Remuneration Committee includes a Staff Governor as part of its membership. The Council of Governors includes five Staff Governors as part of its membership.

Service contracts

Name	Date of contract	Length of term	Unexpired Term	Notice period
Susan Symington	1 April 2015	3 years	2 years 11 months	None
Alan Rose	1 April 2012	3 years	Terminated on 31 March 2015	None
Philip Ashton	1 September 2014 (3 rd and final term)	3 years	2 years 4 months	None
Dianne Willcocks	1 May 2013 (2 nd term)	3 years	1 year	None
Michael Sweet	1 February 13 (2 nd term)	3 years	10 months	None
Libby Raper	1 August 2012 (2 nd term)	3 years	4 months	None

Mike Keaney	1 September 2014 (2 nd term)	3 years	2 years 4 months	None
Jennie Adams	1 September 2014 (2 nd term)	3 years	2 years 4 months	None

Salaries and pension entitlements of senior managers

a) Salary

Name and Title	Salary and Fees	Taxable benefits	2014 -15		Pension Related Benefits	Total
			Annual Performance Related Bonus	Long Term Performance Related Bonus		
	Bands of £5,000	Nearest £100	Bands of £5,000	Bands of £5,000	Bands of £2,500	Bands of £5,000
Executive Directors						
Mr P Crowley Chief Executive	190-195				12.5-15.0	210-215
Mr A Bertram Director of Finance	135-140				0.0-2.5	140-145
Mr M Proctor Deputy Chief Executive	140-145				-15.0- -17.5	130-135
Dr A Turnbull Medical Director	185-190			35-40	-15.0 - -17.5	205-210
Mrs S Holden Director of Workforce and Organisational Development	120-125				-32.5- -35.0	90-95
Mrs Beverley Geary Chief Nurse	55-60				77.5-80.0	135-140
Mrs Juliet Walters Chief Operating Officer	15-20				-2.5 – -0.0	15-20
Non-executive Directors						
Mr A Rose Chairman (until 31 March 2015)	55-60					55-60
Mr P Ashton Non-executive Director	15-20					15-20
Professor D Willcocks Non-executive Director	15-20					15-20
Ms L Raper Non-executive Director	15-20					15-20
Mr M Sweet Non-executive Director	15-20					15-20

Mrs J Adams Non-executive Director	15-20					15-20
Mr M Keaney Non-executive Director	15-20					15-20
Band of highest paid director's total salary (£'000)	220-225					
Median Total Remuneration	23,317					
Remuneration Ratio	9.5					

Long term Performance related bonus comprises the Clinical Excellence Award awarded to Dr Turnbull, the Trust's Medical Director.

Pension Related Benefits relate to the annual increase in accrued pension entitlement, they do not relate to sums paid during the year.

Mrs B Geary Chief Nurse joined the Board of Directors on 1 September 2014.
Mrs J Walters Chief Operating Officer joined the Board of Directors on 2 February 2015.

Name and Title	Salary and Fees	Taxable benefits	2013-14		Pension Related Benefits	Total
			Annual Performance Related Bonus	Long Term Performance Related Bonus		
	Bands of £5,000	Nearest £100	Bands of £5,000	Bands of £5,000	Bands of £2,500	Bands of £5,000
Executive Directors						
Mr P Crowley Chief Executive	190-195	4,900			62.5-65.0	280-285
Mr A Bertram Director of Finance	130-135	6,000			87.5-90.0	230-235
Mr M Proctor Deputy Chief Executive	145-150	4,900			200.0-202.5	345-350
Ms E McManus Chief Nurse	55-60				62.5-65.0	120-125
Dr A Turnbull Medical Director	190-195			35-40	77.5-80.0	305-310
Ms P Hayward Director of HR	150-155*				52.5-55.0	205-210
Mrs S Holden Director of Corporate Learning and Development	110-115	5,000			162.5-165	280-285
* The increase in the HR Director's salary relates to a contractual termination settlement.						
Non-executive						

Directors						
Mr A Rose Chairman	50-55					55-60
Mr P Ashton Non-executive Director	15-20					15-20
Professor D Willcocks Non-executive Director	10-15					10-15
Ms L Raper Non-executive Director	10-15					10-15
Mr M Sweet Non-executive Director	10-15					10-15
Mrs J Adams Non-executive Director	10-15					10-15
Mr M Keaney Non-executive Director	10-15					10-15
Band of highest paid director's total salary (£'000)	225-230					
Median Total Remuneration	£24,658					
Remuneration Ratio	9.2					

Long Term Performance related bonus comprises the Clinical Excellence Award awarded to Dr Turnbull, the Trust's Medical Director

Pension Related Benefits relate to the annual increase in accrued pension entitlement adjusted for the employee contributions made during the year.

Ms E McManus left the Board of Directors on 8 September 2013

Ms P Hayward left the Board of Directors on 31 March 2014

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director in York Teaching Hospital NHS Foundation Trust in the financial year 2014-15 was £220-225 (2013-14 £225-230). This was 9.5 times (2013-14 9.2) the median remuneration of the workforce, which was £23,317 (2013-14 £24,658).

In 2014-15 2 employees (2013-14 1) received remuneration in excess of the highest paid director. Remuneration ranged from £1,207 to £248,243 (2013-14, £903 to £260,262).

Employees receiving nil basic pay and nil whole time equivalent have been excluded from the calculations as these relate to one-off individual payments and would distort the overall figures.

Payments made to agency staff have also been excluded as these mainly relate to payments made to cover long term absence of existing employees

whose whole time, full year equivalent remuneration is already included in the calculation. To include the payments made to agency staff would also distort the overall figures.

Total remuneration includes salary, non-consolidated performance related pay and benefits in kind. It does not include severance payments employer pension contributions and the cash equivalent transfer value of pensions.

b) Pensions

	Total accrued pension at age 60 at 31 March 2015	Total accrued pension lump sum at age 60 at 31 March 2015	Real increase in pension at age 60	Real increase in pension lump sum at age 60	Cash Equivalent Transfer Value at 1 April 2014	Cash Equivalent Transfer Value at 31 March 2015	Real Increase in Cash Equivalent Transfer Value	Employers contribution to stakeholder pension
Name	Bands of £5000	Bands of £5000	Bands of £2500	Bands of £2500	£000	£000	£000	£000
Mr P Crowley Chief Executive	60-65	180-185	0.0-2.5	5.0-7.5	1,229	1,340	78	27
Mr A Bertram Director of Finance	40-45	120-125	0.0-2.5	2.5-5.0	590	637	31	19
Mr M Proctor Deputy Chief Executive	65-70	205-210	-2.5-0.0	-2.5-0.0	1,482	0	0	12
Dr A Turnbull Medical Director	85-90	255-260	0.0-2.5	0.0-2.5	1,724	1,832	61	28
Mrs B Geary Chief Nurse	25-30	75-80	2.5-5.0	10.0-12.5	285	412	69	14
Mrs S Holden Director of Workforce and Organisational Development	40-45	130-135	-2.5-0.0	-2.5-0.0	805	836	9	16
Mrs J Walters Chief Operating Officer	60-65	180-185	0.0-2.5	0.0-2.5	1,074	1,150	8	3

As Non-executive Directors do not receive pensionable remuneration, there are no entries in respect of pensions for Non-executive Directors.

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their

service in a senior capacity to which the disclosure applies. The CETV figures, and the other pension details, include the value of any pension benefits in another scheme or arrangement, which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

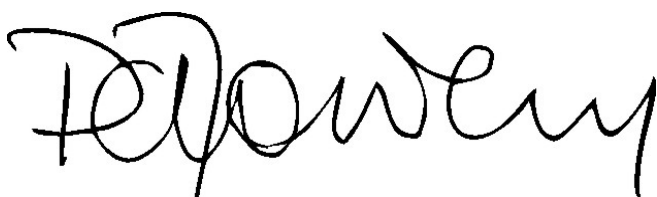
Off-payroll engagements as of 31 March 2015, for more than £220 per day and that last for longer than six months

No. of existing engagements as of 31 March 2015		1
Of which...		
No. that have existed for between two and three years at time of reporting.		1

The Trust had one off-payroll engagement with a daily cost in excess of £220 and this has been re-negotiated to include contractual clauses allowing the Trust to seek assurance as to their tax obligations.

The NHS Foundation Trust has no new off-payroll engagements, or any existing engagements that reached six months in duration, between 1 April 2014 and 31 March 2015, for more than £220 per day and that last for longer than six months.

The NHS Foundation Trust has no off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2014 and 31 March 2015.



Patrick Crowley
Chief Executive
27 May 2015

Sustainability

In March 2009, The Trust Board approved a Sustainable Development Statement committing the organisation to continuous improvement in minimising the impact of its activities on the environment and becoming a good corporate citizen. The Sustainable Development Statement was endorsed by the Trust Board of Governors in June 2010 together with strategic delivery proposals.

In 2012 and 2013, the Trust geographic area extended significantly with operational responsibility for former Scarborough and North East Yorkshire Healthcare NHS Trust and North Yorkshire and York Primary Care Trust property migrations.

The Trust now provides healthcare facilities to the largest geographic area in England. The extended geographic area with its diverse property portfolio brings with it its own additional Sustainability challenges.

Over the last twelve months the Trust has completed its Sustainable Development Management Plan endorsed by the Trust Board. A core element of the Sustainable Development Management Plan has been the continued adoption of the Good Corporate Citizenship Assessment tool, embracing its wider format and completing the on line assessment exercise.

Over the last twelve months, the Trust, in partnership with the Carbon and Energy Fund and Vital Energi, has completed a major capital project at York Hospital. The primary delivered objectives of the York project are:

- Reduced carbon emissions.
- Reduced energy costs.
- Enhanced site operational resilience.

The project costing around £4.6m has already begun to deliver substantial operational benefits during 2014/15, typically:

- Annual reduced carbon emissions of around 3,000 tonnes.
- Annual reduced operating costs of around £ 848,000.

The Trust/CEF/Vital Energi contract operates over a 15 year period and will deliver a project a minimum NPV of £ 5.1M.

As the spark gap between electricity and gas continues to widen, the annual energy saving costs are expected to increase.

Summary Performance

Area		Non Financial Data (Applicable Metric)	Non Financial Data (Applicable Metric)		Financial Data (k£)	Financial Data (k£)
		2013/14	2014/15		2013/14	2014/15
Waste Minimisation and Management	Absolute values for total amount of waste produced by the Trust	1844 tonnes	1873 tonnes	Expenditure on waste disposal	635.8	534.0
	Methods of disposal (optional)					
Finite Resources	Water	264,557 cu m	270,343 cu m	Water	562	617
	Electricity	85,328 G joules	57,745 G joules	Electricity	2,621	1,977
	Gas	197,042 G joules	230,867 G joules	Gas	1,890	2,096
	Other Energy Consumption	1033.1 G joules*	277.8 G joules	Other Energy Consumption	22.5	4.8

* No former Scarborough and North East Yorkshire Healthcare NHS Trust information included

Summary Performance Comment

Waste Management information is based on validated invoiced data from suppliers with an element of profiled assessment pending finalised supplier submissions.

Water, Electricity, Gas and other Energy Consumption are based on validated invoice data from suppliers with an element of profiled assessment pending finalised supplier submissions.

Year on year, electricity consumption has performed broadly in line with expectations. Reduced usage realised by demand reduction measures embraced within York Hospital capital project, including combined heat and power installation. Reduced in electricity charges have been delivered by beneficial combined heat and power mitigating higher commodity prices and increased distribution costs.

Other energy consumption is the former of gas oil has decreased as result of standby boiler operation at York Hospital returning to normal operating mode.

Future Priorities and Targets

The Sustainable Management Steering Group has matured to represent and reflect the wider property portfolio under the chairmanship of the Director of Estates and facilities and expects to continue to progress its Good Corporate Citizenship Assessment aspirations during 2015.

Following on from the success of the reduced operating cost and reduced carbon emissions delivered in partnership with the Carbon and Energy Fund, at York Hospital, the Trust now will now extend the benefits to Scarborough and Bridlington Hospitals during 2015.

The project costing around £5.2m is guaranteed to deliver substantial operational benefits, typically:

- Reduced carbon emissions of around 2,800 tonnes.
- Reduced operating costs of around £ 663,000.

The CEF contract operates over a 15 year period and delivers a project NPV of £ 1.85M.

As the spark gap between electricity and gas widens, the annual energy saving costs are expected to increase.

Over the last twelve months the Trust has been working with its chosen waste contractors to progress the aspiration of reducing all waste to landfill to nil. The Trust has made significant progress in achieving its objective and is expecting to reduce waste to land fill in 2015/16 to 10%.

Equality Report

York Teaching Hospital NHS Foundation Trust is committed to promoting equality, diversity and human rights in all its activities for all patients, visitors and staff. Everyone who comes into contact with the Trust can expect to be treated fairly and with respect.

The Trust Lead for equality and diversity is the Director of Workforce and Organisational Development and is supported the Equality and Diversity Facilitator whose role is to encourage and stimulate action to ensure the Trust is conscious of its responsibilities and every opportunity is taken to embed equality and diversity considerations into processes and developments to enable inclusive and responsive services. At Board level Equality and Diversity is championed by the Trust lead and a Non-Executive Director.

In 2014 the Trust Equality and Diversity Group changed its name to the Fairness Forum in response to feedback gathered during Equality and Diversity Week when Fairness was the most popular word used to describe what equality and diversity means to people. The Fairness Forum has a membership from across the organisation including Trust Governors and a Healthwatch representative. It meets every quarter and reports to the Workforce Strategy Committee which reports to the Board of Directors.

The Forum enables debate and discussion of issues and acting in an advocacy role to give voice to those who may not be heard and connecting the legal, business and moral aspects of equality and diversity.

Performance against Equality Objectives

Objective		Progress
1	Improve data collection, analysis and monitoring of protected characteristics	<ul style="list-style-type: none"> Continued raising of awareness to the importance of recording protected characteristics and the benefits this brings during staff training and at awareness events (mentioned in achievements) Introduction of the learning hub (August 2014) will enable improved analysis of workforce development programme applicants and progression
2	Further develop engagement and involvement of patients, carers, governors and staff to reflect local demographics	<ul style="list-style-type: none"> The Trust covers a large geographic area and demographic information has been refined in 2014 based on the seven constituencies and specific constituency wards as per Trust constitution and Census data 2011 The PoPPIY guide (Publication of Patient and Public Information in York Teaching Hospital NHS Foundation Trust) has been reviewed and promoted at road show events Patient stories of experiences with the Trust included at Board Meetings and other staff forums. Corporate communications' and Engagement strategy due to go to Board of Directors May 2015
3	Develop strong partnerships with social care and GP's to ensure patient pathways are free from barriers between providers for everyone	<ul style="list-style-type: none"> Continued development of partnership work with local councils and Health and Wellbeing Boards Representative member of the three Healthwatch in our area attends the Fairness Forum The Trust is working with local provider/commissioner NHS organisations to assess equality progress against the NHS Equality Delivery Framework.
4	Continue the Board of Directors and senior management development programme ensuring equality and diversity is embedded	<ul style="list-style-type: none"> Unconscious Bias training delivered to volunteers to develop the role of Unconscious Bias Champions – the volunteers are called the Fairness Champions and promote the role via

	into all decision making processes leading to active promotion of good relations	Health and Wellbeing Fairs and at Corporate Induction.
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Other Achievements

- Following the 2014 LGBT History month staff survey to determine the level of interest and demand for developing a staff LGBT network, the Trust Equality and Diversity Facilitator has empowered a group of staff to form a network that meets on a regular basis and developed the 2015 awareness event that formed part of York LGBT History month.
- Introduction of Fairness Champions, a group of staff who volunteered to undertake training and form a network promoting fairness and respect for everyone across the organisation.
- Both staff involvement groups meet on a regular basis and report issues and progress to the Fairness Forum, their time and support of equality and diversity issues is appreciated.
- Adopting the Living Wage forms part of our aim to be an employer of choice in all the communities that we provide services for, and despite the significant additional cost, overall it was felt strongly to be the right thing to do.
- Training and awareness events including corporate induction, NHS Employers Equality and Diversity Week in May, National Eye Health Week with York Blind and Partially Sighted Society in September, Inter-faith week in November and LGBT History month in February.
- Continued membership of Innov8 a regional NHS scheme to reframe diversity leadership
- An Access to Services Group have developed an action plan in response to Healthwatch Reports received by the Trust (Access to Health and Social Care for Deaf People December 2013 and Discrimination Against Disabled People June 2014) The plan was discussed and amendments agreed at an open meeting with Healthwatch, members of the Deaf community, Vale of York Clinical Commissioning Group and North Yorkshire County Council. The Access to Services Group has passed the plan to the Fairness Forum for monitoring.

Challenges and Future Developments

- To review the options for capture and monitoring of patient information on the Core Patient Data base (CPD) This is an enormous piece of work and will involve many areas of the Trust but vital to improve patient experience, quality and continuity of care.
- Alignment and consistency of access to interpretation and translation services across the Trust is nearing completion with implementation of a new contract and a publicity raising awareness drive being planned from May 2015. Improved information and flagging on the CPD will help support this.

- NHS England's introduction of a new 'Accessible Information Standard' means all organisations will need to find out if a patient has extra communication needs because of a disability or sensory loss, and take steps to meet those needs; implementation is anticipated to be 2015 which will drive and support the two points above.
- Continue the development of Fairness Champions and the Staff LGBT Network to enable inclusive and accessible services sharing vision, visibility, and voice. Links already established with the Fairness Forum will strengthen this and ensure their work is embedded in the organisation.
- Monitoring of the Access to Services action plan to ensure implementation of recommendations
- Following reports which have highlighted disparities in the number of BME people in senior leadership positions across the NHS, as well as lower levels of wellbeing amongst the BME population, the NHS Equality and Diversity Council pledged its commitment to implement a Workforce Race Equality Standard which would start in April 2015.
- Develop a central equality and diversity information hub including patient stories to enable learning.
- Based on the outcomes and priorities of the EDS2 assessment day 24th March 2015 we will review our equality objectives with the aim of making our services more accessible and improve the experiences of people using them.

Workforce Profile

	Staff 2013/14	%	Staff 2014/15	%
Age				
0 -16	0	0.00	1	0.01
17-21	139	1.63	155	1.78
22+	8382	98.36	8576	98.21
Unknown	0	0.00	0	0.00
Ethnicity				
White	7,735	90.77	7,930	90.82
Mixed	69	0.81	71	0.89
Asian or Asian British	300	3.52	360	4.12
Black or Black British	85	1.00	84	0.96
Other	126	1.48	101	1.16
Gender				
Male	1,724	20.23	1,773	20.30
Female	6,798	79.77	6,959	79.70
Not stated	0	0.00	0	0.00
Trans- gender	0	0.00	0	0.00
Recorded disabilities				
Yes	89	1.04	104	1.19
No	2,654	31.14	3,845	44.03
Not stated	557	6.54	592	6.78
Unknown	5,222	61.28	4,191	48.00

Staff Survey

The staff survey includes an overall indicator of staff engagement. The indicator is calculated based on responses to the individual questions which made up Key Findings 22, 24 and 25. These key findings relate to the following aspects of staff engagement: staff members' perceived ability to contribute to improvements at work, their willingness to recommend the Trust as a place to work or receive treatment and the extent to which they feel motivated and engaged with their work. The score range was from 1 to 5, with 1 indicating that staff are poorly engaged and 5 indicating that staff are highly engaged. The Trust's score of 3.70 was slightly higher than the score of 3.66 in the previous year. The Trust's score was below average when compared with other acute trusts.

Summary of performance

	2013 staff survey		2014 staff survey		
	Trust	National average	Trust	National average	Improvement or deterioration since 2013
Response rate	54%	49%	47%	43%	Deterioration of 7%
Top 5 Key Findings (best ranked in comparison to other acute trusts)					
KF27 - % of staff believing that the trust provides equal opportunities for career progression or promotion (higher score is better)	90%	88%	92%	87%	No statistically significant change since 2013
KF12 - % of staff witnessing potentially harmful errors, near misses or incidents in the last month (lower score is better)	31%	33%	30%	34%	No statistically significant change since 2013
KF17 - % of staff experiencing physical violence from staff in the last 12 months (lower score is better)	2%	2%	2%	3%	No statistically significant change since 2013
KF28 - % of staff experiencing discrimination at work in last 12 months (lower score is better)	9%	11%	9%	11%	No statistically significant change since 2013
KF11 - % of staff suffering work related stress in the last 12 months (lower score is better)	34%	37%	34%	37%	No statistically significant change since 2013
Bottom 5 Key Findings (worst ranked in comparison to other acute trusts)					
KF29 - % of staff agreeing that feedback from patients/service users is	—	—	45%	56%	No comparable data from 2013

used to make informed decisions in their directorate/department (higher score is better)					
KF10 - % of staff receiving health and safety training in last 12 months (higher score is better)	68%	76%	65%	77%	Deterioration of 3%
KF26 - % of staff having equality and diversity training in last 12 months (higher score is better)	46%	60%	44%	63%	No statistically significant change since 2013
KF14 – Fairness and effectiveness of reporting procedures (higher score is better)	3.45	3.51	3.45	3.54	No statistically significant change since 2013
KF21 - % of staff reporting good communication between senior management and staff (higher score is better)	26%	29%	26%	30%	No statistically significant change since 2013

A corporate action plan will focus on key themes from the survey, in particular those relating to those areas where the Trust's scores are poorer in comparison to other acute trusts.

Regulatory ratings

Explanation of ratings

Monitor uses a combination of financial information and performance against a selected group of national measures as the primary basis for assessing the risk of Trusts breaching their licence. Monitor's compliance-based framework was introduced during 2013/14 and replaced the risk-based framework. The compliance framework assigns two ratings, a financial rating in the form of a continuity of services and a governance rating to each NHS Foundation Trust on the basis of its annual plan and in-year performance against that plan.

Monitor uses these ratings to inform the intensity of monitoring and to signal to the NHS Foundation Trust Monitor's degree of concern with specific issues identified and the risk of non-compliance with the licence. Where issues arise, Monitor may wish to test the basis of board statements made. Monitor may take into account the findings, judgement and/or guidelines of any relevant third party in determining risk ratings and/or whether non-compliance with the

licence has occurred. Monitor expects NHS Foundation Trusts to respond to any such issues.

Financial risk rating

When assessing Continuity of Services ratings, the Foundation Trust regulator Monitor will assign a rating using a scorecard that compares key financial metrics on a consistent basis across all NHS Foundation Trusts. The Continuity of Services rating is intended to reflect the likelihood of a financial non-compliance of the licence.

Governance risk rating

In 2013/14 Monitor changed the rating regime from the Compliance Framework and Terms of Authorisation to the Risk Assessment Framework and the Licence.

Monitor applies the Risk Assessment Framework as a method of consistently assigning a governance risk rating to reflect the quality of governance at a Trust.

The licence introduced 4 key conditions. Conditions 1-3 contain important administrative and other requirements, while condition 4 sets out the overall standards set for different aspects of NHS Foundation Trust governance.

Where there is evidence that the Trust may be failing to meet the requirements of the condition, Monitor is likely to investigate whether a breach of the governance condition may have occurred and if so consider whether to take regulatory action.

In forming their view, Monitor incorporates information from a number of areas including:

- Performance against selected national access and outcomes standards
- CQC judgements on the quality of care provided
- Relevant information from third parties
- A selection of information chosen to reflect quality governance at the organisation
- The degree of risk to continuity of services and other aspects of risk related to financial governance
- Any other relevant information

During the year Monitor raised concerns about the Trust's ability to achieve some key targets, specifically:

- Cancer two week wait (symptomatic breast)

- Cancer 62-day wait for first treatment
- Annual C-Difficile trajectory
- RTT admitted
- A and E 4-hour target

During September 2014 Monitor undertook an investigation into the Trust. Monitor's concern was raised by breaches of multiple performance targets including delivery of the 4 hour A and E target, 18 week referral to treatment target; 14 day breast symptomatic target. Their investigation principally focused on the issues relating to the four hour A and E Target and Cancer two week wait (symptomatic breast) targets. These were targets that the Trust continued to experience difficulties in delivering sustainably throughout the course of the investigation.

Monitor concluded their investigation in October 2014 and confirmed that there was not sufficient evidence to suggest that the Trust was in breach of its licence. Monitor was satisfied that the Board understood the causes of the performance issues, that the Trust had analysed the factors contributing to the target breaches and had identified the root causes, including those within the Trust's immediate control and those impacted by wider system or national issues. The Trust put in place an action plan to address the issues.

Summary of performance

In 2014/15, the plan was for the Trust to maintain a green governance rating throughout the year. The Trust was rated green for governance for quarter two, three and four of the year. The Trust did vary from plan in quarter one.

In quarter one the governance rating was under review following the failure of three performance targets. The three targets not achieved were:

- The 4 hour wait target in A and E
- Cancer two week wait (symptomatic breast)
- Cancer two week wait (all Cancers)

In September 2014 Monitor undertook an investigation into the Trust. Monitor's concerns were raised following the breach of multiple performance targets. Their investigation principally focused on the issues related to the 4-hour A and E target and the Cancer 2-week wait (symptomatic breast) targets. In October 2014 was advised that Monitor was satisfied that the Board understood the causes of the performance issues, that the Trust had analysed the factors contributing to the target breaches and had identified the root causes, including those within the Trust's immediate control and those impacted by wider system or national issues. The Trust put an action plan in place.

The Trust planned and achieved an overall financial risk rating of four for each quarter of 2014/15.

	Annual Plan 2013/14	Q1	Q2	Q3	Q4
Continuity of Services Rating	4	4 (shadow form)	4 (Shadow form)	4	4
Governance risk rating	Green	Amber-Green	Narrative	Green	Narrative (Requested information)
	Annual Plan 2014/15	Q1	Q2	Q3	Q4
Continuity of Services Rating	4	4	4	4	4
Governance risk rating	Green	Under Review (Investigation)	Green	Green	Green

Public Interest Disclosures

Equality Report

The equality report can be found on page 196.

Occupational Health performance

The report on Occupational Health performance can be found on page 118.

Counter-fraud policies and procedure

The Foundation Trust's counter fraud arrangements are in compliance with the NHS Standards for providers: fraud, bribery and corruption. These arrangements are underpinned by the appointment of accredited local counter fraud specialists and the introduction of a Trust-wide countering fraud and corruption policy. An annual counter fraud plan identifying the actions to be undertaken to create an anti-fraud culture, deter, prevent, detect and, where not prevented, investigate suspicions of fraud is produced and approved by the Trust's Audit Committee.

Finance

Annual Governance Statement

York Teaching Hospital NHS Foundation Trust delivers acute and community services from ten hospital sites and in the community. The hospitals are:

- The York Hospital
- Scarborough District General Hospital
- Bridlington General Hospital
- Whitby Hospital
- Malton and Norton Community Hospital
- White Cross Court Rehabilitation Hospital
- St Helen's Rehabilitation Hospital
- Archways Intermediate Care Unit
- The New Selby War Memorial Hospital
- St Monica's Hospital in Easingwold

1 Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

There are arrangements in place for sharing views and working with other organisations. Those operating at Chief Executive level are as follows:

- Health Scrutiny Committees (York, NY East Riding of Yorkshire)
- Health and Wellbeing Board (York, NY East Riding of Yorkshire)
- Healthwatch (York, NY East Riding of Yorkshire)
- Yorkshire Cancer Network
- HYMS North Yorkshire Local Steering Group
- Healthy City Board (York)
- NHS providers Chairs and Chief Executives meeting
- Collaborative Improvement Board
- Yorkshire and Humber Learning Education and Training Board (LETB)
- Alliance relationships with local hospitals

There are similar arrangements in place for working with partner organisations that operate at director level for finance, HR, business and service planning, clinical alliance, clinical governance and risk management.

2 The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to:

- Identify and prioritise the risks to the achievement of the policies, aims and objectives of York Teaching Hospital NHS Foundation Trust (YTH)
- Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in YTH for the year ended 31 March 2015 and up to the date of approval of the annual report and accounts.

During the year the Trust launched a governance review. This review was designed to improve the connections and alignments in a number of areas including simplifying the information flows and gaining clarity about decision making; It was based on an Internal Audit Report “Strengthening Corporate Accountability through Staff Conduct and Competence” and guidance from the CQC on the “Fit and Proper Persons Test”.

The aim of the review is to provide greater clarity of purpose and leadership, more purposeful transactions within the organisation and to remove any redundancy or duplicated effort at both an individual and collective level. It will provide stronger assurance to the Board and align the organisation’s strategy against the Board agenda and provide a clear and transparent structure. In turn this will influence and improve the internal controls employed in the organisation.

3 Capacity to handle risk

The Chief Executive has overall responsibility for the management of risk. Other members of the Executive Director Team exercise lead responsibility for the specific types of risk as follows:

• Clinical risk	Executive Medical Director/ Executive Chief Nurse
• Quality risk	Executive Chief Nurse
• Financial risk	Executive Director of Finance

• Workforce and staffing risk	Executive Director of Workforce and Organisational Development
• Non-Clinical and organisational risk	Director of Estates and Facilities
• Environmental risk	Director of Estates and Facilities
• Corporate learning and development	Executive Director of Workforce and OD
• Integration risks	Chief Executive
• Operational risk	Chief Operating Officer
• IT risk	Director of Systems and Network
• Strategic risk	Chief Executive

All Directors are responsible for ensuring there are appropriate arrangements and systems are in place in order to:

- Identify and assessment of risks and hazards
- Comply with internal policies and procedures, and statutory and external requirements
- Integrate functional risk management systems and development of the assurance framework.

These responsibilities are managed operationally by managers supporting the executive directors.

The internal systems include corporate induction and statutory and mandatory training, both for new starters to the Trust and existing staff. To support the undertaking of this training some programmes are provided on an e-learning platform. This training ensures staff are informed about the systems and processes relating to risk management.

Staff are equipped to manage risk at strategic and operational levels and programmes include:

- Formal in-house training for all staff dealing with specific everyday risks, e.g. fire safety, health and safety, moving and handling, infection control, security and statutory and mandatory training
- Training in incident investigation, including documentation, root cause analysis, serious incidents and steps to prevent or minimise recurrence and reporting requirements
- Developing shared understanding of broader financial, non-clinical, organisational and clinical risks through collegiate clinical, professional

and managerial groups (such as the Executive Board, Hospital and Community Boards and Corporate Risk Committee)

- Sharing good practice with other peer Foundation Trusts through appropriate forums such as NHS Providers. The Trust also works with external organisations such as Dr Foster and CHKS Ltd to support benchmarking exercises.

The Trust has continued to integrate directorates and develop systems where all ten Trust sites work as one organisation. The Business Intelligence Unit has helped to ensure there is alignment between the strategic priorities of the Trust and the integration work. The Unit's work ensures the efficient use of knowledge and resources to develop plans which are supported by our commissioners, complement regional and national guidance and provide a comprehensive and focused direction for the Trust.

4 The risk and control framework

The system of internal control is based on an on-going risk management process that is embedded in the organisation and combines the following elements:

- Risk Management
- The Risk Register and Assurance Framework
- Risk Management Reporting
- Trust key risks
- Information Governance and assurance programme
- Quality Governance arrangements
- Care Quality Commission

Risk Management Framework

The Trust has a Risk Management Framework document in place, which is reviewed and endorsed by the Board on an annual basis. The policy is embedded into the day-to-day management of the organisation and conforms to best practice standards. It also sets out the Trust's approach to the identification, assessment, scoring, treatment and monitoring of risk.

The Risk Management Policy describes the appetite the Trust has for Risk. The Trust has a Corporate Risk Register this in turn underpins the Assurance Framework. The Corporate Risk Register and Assurance Framework are reviewed on a quarterly basis by the Corporate Directors, the Corporate Risk Committee, Audit Committee and Board of Directors.

Last year weaknesses were identified in risk management processes; this was confirmed by an internal audit report May 2013. As a result a review of risk management processes across the Trust was undertaken by the Risk Management Department. Specifically the Internal Audit Report identified weaknesses in the following areas:

- The management of the Serious Incidents (SI) process, particularly the follow up of actions
- The non-validation of data uplifted to the National Reporting and Learning System that inaccurately reflected levels of serious harm or death within the organisation.

During the year the Risk Management Department addressed the weaknesses identified.

The Corporate Risk Register and Assurance Framework

Every Directorate has its own risk register which is kept under review; the highest rated risks are taken to every Executive Performance Management Meeting for review and consideration of action plans and the implementation of any plans. These risks are considered for escalation to the Corporate Risk Register.

Each Director is responsible for their section of the Assurance Framework. The statements given in the framework are provided by the director who is accountable for the area. Directors are asked to consider and confirm the detail included in the framework. The Assurance Framework is linked to the Corporate Risk Register through a consideration of the risks on the risk register and the assurance statement included in the Assurance Framework. The Corporate Risk Committee receives both the Assurance Framework and Corporate Risk Register and considers the detail included. The membership of the Corporate Risk Committee includes the Chairman of the Audit Committee.

The Audit Committee receives the Corporate Risk Register and Assurance Framework on a quarterly basis in order to satisfy itself that, with regard to the Corporate Risk Register, the operational actions are being carried out appropriately by management. With regard to the Assurance Framework, the processes for populating, updating and the format of the document remain relevant and effective for the organisation.

The Board of Directors reviews the Corporate Risk Register and Assurance Framework on a quarterly basis, receiving recommendations from the Chairman of the Audit Committee and the Chairman of the Corporate Risk Committee.

The Board Committees consider the Assurance Framework and the Corporate Risk Register when planning their agenda, and reference the Corporate Risk Register and Assurance Framework in their agenda.

During 2014/15, the AFW and the CCR have undergone a full review and the documents have been changed to align to the Directors' accountability portfolios. This has strengthened the assurance systems and improved the system that links the risks and assurances to the strategies and objectives of the organisation.

The Risk Management Team

The Risk Management Team is responsible for providing regular communications to staff through newsletters, synopses of serious incidents and clinical incident information. This has been further endorsed by an initiative within the Patient Safety Team to consider further methods of sharing and implementing learning across the organisation.

The department also provides risk management training to new and existing staff and has a number of Governance Facilitators who work across the Trust providing expertise and support on governance issues to directorates on a daily basis.

Risk Management Reporting

Weekly safety meetings - On a weekly basis, a meeting is held with the Medical Director, Director of Nursing, Head of Health Care Governance to review all the deaths in the organisation over the previous week, any significant AIRs, complaints, claims, Inquests, serious incidents, clinical incidents, infection rates, never events, central alert system (CAS) and anything else that has come to light as a potential clinical and quality risk to the organisation.

Adverse incident reporting - The Trust promotes a culture of openness and transparency. The key reporting systems the Trust uses includes Adverse Incident Reporting System (AIRs) for the reporting of incidents. Use of the system provides an opportunity for the Trust to learn from incidents and improve the systems.

The Adverse incidents are entered onto the Datix database (the system used in the Trust for collating incidents). This system also holds the Directorate Risk Registers. The Directorates review their risks with the support of a Governance Facilitator who is linked to the Directorate. The Risk Register is reviewed by the Head of Healthcare Governance and the directorate Clinical Governance Committee.

Serious incident reporting - The Trust has during the year continued to review and refine the Serious Incident investigation process. Developments in the system have placed responsibility for following up recommendations with the team of Governance Facilitators. Centrally supporting the system is the Serious Incident group who will review new recommendations and address any occasions where recommendations are not addressed and evidenced as completed.

In 2015/16 the contractual requirements will change. The Clinical Commissioning Groups will require the completion of all investigations and for them to be provided to the Clinical Commissioning Groups with approved reports within 60 days of being raised.

Never events - The Trust is able to report that there were no never events during 2014/15 (four in 2013/14). When there is a never event it is investigated in detail and the Trust aims to learn from the events. The results of these investigations are reported to the Quality and Safety Committee and the Board of Directors.

National Reporting and Learning System - The latest release of National Reporting and Learning System data shows the Trust within the peer group range for both 'severe harm' and moderate incidents.

The National Reporting and Learning System report also indicates that the median number of days from incident reported to clearance time for Datix web upload to National Reporting and Learning System has reduced from 112 to 73.

To further improve reporting we have re-designed and introduced a new incident reporting form, which is more intuitive for the reporter to complete. This document captures all salient information and will improve incident investigation. This has been supported by an extensive programme of training within the Trust.

Claims – The Trust has robust processes in place for dealing with both Clinical Negligence and Employers Liability Claims. When necessary we seek legal representation. A summary of any settled claim is disseminated to

- involved clinician(s)
- Relevant DM/CD
- Directors
- Legal Services Team
- Health and Safety Team

In respect of learning lessons from claims, Directorates are provided with details of new, on-going and settled claims. Directorates will ensure that risk issues are identified and formally discussed in order for an action plan to be initiated and where necessary the relevant risk register be appropriately updated. These action plans will be monitored through the Directorate risk process.

Complaints and compliments – At present complaints and compliments are managed by the Patient Experience Team. Opportunity to consider the risks and learning from the complaints or compliments can be improved. The Trust has recognised this weakness in the system and will be implementing a system during 2015/16 which triangulates the information from complaints and compliments so that it can inform the Directorate Risk Registers in a more direct way.

Trust key risks

The Trust's strategic direction comprises four key drivers, designed to ensure the Trust focuses on its mission of "being trusted to provide safe, effective and sustainable healthcare within our communities". These strategic 'frames' provide a focus for our emerging priorities and objectives, and assist in their communication to staff, patients and other stakeholders. The frames were reviewed during the year and adjusted to be more reflective of the enlarged organisation. They are:

- Improve quality and safety – we will ensure you feel cared for, encourage and act on feedback, develop the quality and skills of our workforce, keep you safe, ensure the right people are in the right place to meet care needs, learn from our mistakes and respect individual differences.
- Develop and enable stronger citizenship through our work with partners and the broader community – we will enhance our reputation through our action, behaviours and performance to earn the respect of our community, reach out to the local community through providing opportunity, support local businesses, voluntary organisations and communities, identify opportunities to engage with the community to add value, seek and develop partnerships inside and outside the health economies.
- Improve our effectiveness, capacity and capability – we will employ good staff, keep them and look after them, educate our workforce to meet changing needs, demonstrate value for money at all levels, deliver and surpass targets, achieve efficient use of resources: our staff, our money, our assets and ensure no unnecessary waits or delays.
- Improve our facilities and protect the environment- we will continually improve our buildings and facilities to meet changing needs, keep everything clean, tidy and safe, make you feel welcome, respect your privacy and dignity, help you find your way around and positively manage our impact on the environment.

The table below identifies our key risks related to each strategy heading:

Strategic frame	In-year and future risks	Management and mitigation	Outcomes to addressing risk
Improve quality and safety	<p>Not maintaining and improving quality and safety across the whole organisation and ensuring a consistent approach to quality and safety over the organisation.</p> <p>Not developing the most effective and efficient systems that will support the enlarged organisation to deliver quality and safety.</p> <p>Not reacting to evidence of weaknesses in the systems and processes that manage quality and safety across the organisation.</p> <p>Maintenance of acceptable operational performance while not compromising quality and safety.</p>	<p>Implementation of the Quality Governance Framework and appropriate strategies – Nursing and Midwifery and Patient Safety Strategy.</p> <p>Detailed implementation plans developed which are being reviewed by the Board on a monthly basis.</p> <p>Key integration targets being achieved to allow for quality and safety to continue to be implemented.</p> <p>Active management of patient safety through work streams addressing the deteriorating patient, reducing harm, excellence in end of life care and undertaking thorough and regular mortality reviews across the Trust.</p>	<p>Consistent effective quality and safety systems and strategies in place.</p> <p>The plans are both corporate and clinical and provide the steps needed to ensure there is satisfactory integration of community services and the acute services.</p> <p>Use of the Quality and Safety Committee.</p> <p>Implementation of the Quality Governance Framework for the enlarged organisation resulting in system providing a successful whole system approach.</p> <p>Assurance of self-checking system and excellent comparison of benchmarking.</p> <p>Becoming an exemplar Trust.</p>

Strategic frame	In-year and future risks	Management and mitigation	Outcomes to addressing risk
	<p>Risk of incurring financial penalties if standards are not maintained. Ensuring staffing levels are satisfactory to maintain acceptable quality and safety levels</p> <p>National shortage of medical and nursing staff in specific specialties impacting on the Trust's ability to deliver and safe, effective and responsive services</p>	<p>Active management of the contracts with the commissioners to limit the impact of penalties</p> <p>Active management of staffing levels including overseas recruitment</p> <p>Use of the Assurance Framework and governance systems to check developments.</p> <p>Self-checking of systems and benchmarking against other Trusts.</p> <p>Careful management of the antibiotic prescribing policy to ensure reduced risk of healthcare acquired infections.</p> <p>Introduction and implementation of a new acute strategy.</p>	<p>Proactive management of antibiotic prescribing and medicines management across the Trust.</p> <p>Careful review and management of the flow of patients to ensure they are provided with the best possible care.</p>

Strategic frame	In-year and future risks	Management and mitigation	Outcomes to addressing risk
Develop stronger citizenship through our working with partners and the boarder community	<p>Not identifying key parties to engage in the development of services to support the broader community including the integration of the organisation.</p> <p>Significant change in the structure of the NHS and legislative requirements and expectations of working, including 7 day working.</p> <p>Ensuring the Trust continues to work in the most effective way with other stakeholders and make use of up to date business models</p>	<p>Confirmation of parties involved, ensuring Trust maintains open debate with all parties. Working closely with newly developed Commissioning Groups.</p> <p>Creation of groups such as the Health and Wellbeing Board. Implementation of the North Yorkshire Review actions through the Chief Executives.</p> <p>Development of alliances with other Trusts and organisations.</p>	<p>Successful identification of appropriate parties to discuss developments with.</p> <p>Creation of a whole system approach for the region.</p> <p>Development of services on a collaborative basis so ensuring sustainable for the future.</p>
Improve our effectiveness, capacity and capability	<p>Not identifying key service developments that would improve the overall capacity and capability of the Trust across the North Yorkshire patch.</p> <p>Not ensuring staff are able to</p>	<p>Use of existing internal systems to confirm effective use of capacity and capabilities.</p> <p>Maintaining dialogue with key stakeholder.</p> <p>Extensive curriculum of training</p>	<p>Use of strong systems of continuous improvement which will ensure the workforce and organisation develops to be able to provide excellence for patients.</p>
Strategic frame	In-year and future risks	Management and mitigation	Outcomes to addressing risk

	develop and provide the level of service expected by the communities and the Trust, including 7 day working.	and development available to staff. Regular staff appraisals are undertaken and the Trust has introduced the personal responsibility framework for all staff.	
Improve our facilities and protect the environment	Not maintaining a safe environment and infrastructure resulting in non-compliance with legislative standards.	Regular audits and completion of work. Updating legislative requirements. Development of a site master plan and annual capital programmes.	Improvement in the environment and infrastructure so supporting the delivery of quality and safe services for all.

Information governance assurance programme

Information Governance and Information Security are covered within the Statutory and Mandatory Training Programme, and all staff have confidentiality statements within their contracts. This is supported by a well-developed set of policies and procedures which are underpinned by a series of staff guides. This includes an Information Security Policy.

The Medical Director is the Trust's Caldicott Guardian. The Trust has appointed a Chief Clinical Information Officers, and the Finance Director is the Senior Information Risk Owner (SIRO) for the Trust.

The SIRO takes ownership of the Trust's information risk policy, acts as advocate for information risk on the board, and provides written advice to the Accounting Officer on the content of the Annual Governance Statement in regard to information risk. The SIRO provides an annual report to the Board of Directors on information governance activities and the outcome of the Information Governance Toolkit Scores. The Corporate Risk Committee and the Quality and Safety Committee will receive adhoc reports when a significant issue is identified.

The Caldicott Guardian is responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing. The Guardian plays a key role in ensuring that the NHS, Councils with Social Services responsibilities and partner organisations satisfy the highest practicable standards for handling patient identifiable information.

The Trust takes data security and management very seriously. The Trust has well established systems to ensure data security and management is maintained at all times.

The Trust has spent time reviewing and approving policies to ensure that the enlarged organisation has single policies for the organisation.

The organisation has a well-tested disaster recovery plan for data which aims to ensure that data, and access to data is not compromised or vulnerable at a time of any unexpected system downtime.

The Chief Executive has overall responsibility for all aspects of information management, including security and governance, and is accountable to the Board of Directors.

In accordance with the requirements of the Information Governance Toolkit, the Trust has developed an approach of undertaking a regular review of arrangements that are in place to ensure the safe management and control of data. A significant amount of work has taken place over the year to further improve these processes. This approach is detailed in the Trust's Information Risk Handbook, and nominated officers are required to undertake information risk assessments, develop a resultant treatment plan and then escalate any significant risks to the information risk register. These assessments are reviewed twice a year with the results being fed back to the organisation's Senior Information Risk Owner.

The Head of Healthcare Governance acts as the Trust's Data Protection Officer. The Director for Systems and Network has operational responsibility for information management.

Information Governance risks are managed in accordance with compliance with the standards contained within the Information Governance Toolkit, and, where appropriate, recorded on the Corporate Risk Register.

All staff are governed by the NHS code of confidentiality, and access to data held on IT systems is restricted to authorised users. Information governance training is incorporated into the statutory/mandatory training programme and supplemented as appropriate in all IT training sessions. The corporate induction process has a dedicated IG session.

The Trust had one information security breach during the year which was of a scale or severity to require a report to the Information Commissioner. Action was taken to mitigate the breach and assurance was given to the Information Commissioner. The Information Commissioner was satisfied with actions and assurance given and closed the matter.

The Trust complies and has attained level 2 or greater, with all the requirements of version 12 of the Information Governance Toolkit.

Quality governance arrangements

The Trust has reviewed the Quality Governance Framework and developed a further implementation action plan against the framework that has been approved by the Board of Directors and will be reviewed on a quarterly basis by the Quality and Safety Committee. The Quality and Safety Committee seek assurance on behalf of the Board on a monthly basis and provide additional challenge around the maintenance of the quality standards and risks in the Trust. The Trust also has in place a Finance and Performance Committee which seeks assurance on the performance metrics including Commissioning for Quality and Innovation (CQUIN).

During the year 2013/14 the Trust underwent a review of the Annual Plan of risk to quality. This independent review tested the governance arrangements in place and concluded that the Trust had good systems, although there was some work to be completed on introducing a single performance reporting document. This work has been completed during 2014/15. The Quality and Safety Committee and the Board of Directors do receive a performance report on quality and safety and a monthly performance report which addresses other performance metrics.

Care Quality Commission

The Trust is fully compliant with the registration requirements of the Care Quality Commission.

York Teaching Hospital is subject to periodic review by the Care Quality Commission. The Trust is fully registered with the Care Quality Commission and has no conditions attached to its registration. The Trust was subject to a Care Quality Commission inspection over three days 17-20 March 2015. At the time of writing this report the Trust had not received the final report.

A further unannounced inspection took place on 30-31 March 2015. This was part of the full inspection.

The Care Quality Commission has not taken enforcement action against York Teaching Hospital NHS Foundation Trust during 2014/15

York Teaching Hospital NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Compliance with NHS foundation trust condition 4 –NHS Foundation Trust Governance Arrangements

The Trust, during the year has undertaken an internal review of the effectiveness of the governance structures and the responsibilities of directors and sub-committees. This review has considered the reporting lines and accountabilities between the Board, its sub-committee and the executive team. This review has led to a further evaluation of the accountability portfolio of the Executive Directors and a review of the Assurance Framework and the Corporate Risk Register. The review has not been completed at the time of writing this report.

The Trust has applied the principles, systems and standards of good corporate governance and has reviewed the guidance that has been issued by Monitor during the year and where appropriate has prepared a 'comply or explain' document to record where the Trust has not followed the guidance or where an action plan is required to ensure compliance.

Effectiveness of governance structures

The Trust's systems and accountability arrangements for Directors ensures compliance with the duty to operate efficiently, economically and effectively. The Trust gains its assurance that these systems are in place through the Assurance Framework and the Internal Audit Reports presented to the Audit Committee. The Board has in place three Board Committees that review performance in detail in advance of the Board meeting. The Board has during the year introduced an additional Board Committee that considers the environmental and estates issues on behalf of the Board.

The Board of Directors has an underpinning governance structure that ensures information from the Board is fed into the organisation and information from the ward is considered at Board. Below is a summary of the Board Committees and key operational committees and groups that support the governance structure.

Board of Directors

The Board of Directors is responsible for the management of key risks in the organisation. The Board has a number of tools it uses to consider the management of risk including the Assurance Framework and Corporate Risk Register.

The Board of Directors addresses the risks reported in the quarterly self-assessment document submitted to Monitor. This arrangement ensures the Board of Directors understands the strategic risks to the Trust in the context of the Trust's strategic direction.

During the year the Trust has continued undertaking a review of the governance systems including the committee structures and accountability arrangements in the Trust. The Trust has begun this work in preparation of a full governance review as required by Monitor. On completion of the acquisition appropriate governance arrangements were put in place, but the Trust continues to keep the committee structures and governance arrangements under review in order that they remain appropriate structures, so that the relevant assurance is received by the Board on a regular basis.

The Board of Directors during 2014/15 made a small number of changes to the Board Committees. The standing Board Committees in place during the whole year were the Audit Committee and the Remuneration Committee, the Quality and Safety Committee, Finance and Performance Committee and Workforce Strategy Committee.

The Chairmanship of the Finance and Performance Committee changed from Mr Michael Sweet to Mr Mike Keaney. The Board agreed that a further Board Committee should be introduced to consider the estates and environmental issues in the Trust. The Committee will be chaired by Mr Sweet a Non-executive Director.

Changes to the Board during the year

There have been a number of changes to the Board of Directors during the year:

- The Board welcomed Mrs Beverley Geary as Chief Nurse in October 2014.
- The Board of Directors welcomed Mrs Juliet Walters as the Chief Operating Officer in February 2015. This is an Executive Director post.
- Mrs Sue Holden, who was the Executive Director of Corporate Learning and Development and interim Director of HR following the Director of HR leaving the Trust in March 2014, was Executive Director for Workforce and Organisational Development from January 2015.
- The Council of Governors appointed a new Chairman, Ms Susan Symington who began on 1 April 2015.

Audit Committee

The Audit Committee is chaired by a Non-executive Director and membership consists of three additional other Non-executive Directors. Executive directors attend the meeting as required by the Audit Committee.

The membership of the Audit Committee has been reviewed during the financial year.

The Audit Committee Chairman is a member of the Patient Safety Group, a Group chaired by the Medical Director. The Audit Committee Chairman is also a member of the Quality and Safety Committee which reports directly to the Board of Directors on key assurances around quality and safety.

The Audit Committee undertakes the following roles:

- Consideration of financial risk management
- Consideration of the annual accounts
- Soundness of overall system of internal control

The Board of Directors delegated authority to the Audit Committee for the development of working groups, as required. The Audit Committee receives regular updates from the Data Quality Work Group.

Data Quality Work Group

The Data Quality Work Group was tasked with investigating and understanding the systems and processes involved in ensuring the Trust maintains appropriate and relevant systems for data quality such as HR, patient and financial information. The group then provides assurance to the Audit Committee at each meeting. During the year the group has been working on a mapping exercise and has provided an interim report to the Audit Committee.

Remuneration Committee

The Committee reviews the Directors' remuneration package, annual appraisals and succession planning for the Board of Directors. This Committee's membership is made up of the non-executive directors. The Chief Executive and the Director of Workforce and OD attend the meeting when requested by the Chairman of the Committee.

Quality & Safety Committee

The Quality and Safety Committee meets the week before the Board of Directors and reviews in detail the previous month's information relating to patient safety, clinical performance, quality of services any issues or matters of concern are brought to the attention of the full board. The Committee is expected to consider, as part of its work, the specific risks included on the Corporate Risk Register and Assurance Framework aligned to the agenda they are considering.

Finance & Performance Committee

The Finance and Performance Committee meets the week before the Board and reviews in detail the previous month's information relating to financial performance, the cost improvement programme and operational activity and performance, drawing any issues or matters of concern to the attention of the full board. The Committee is expected to consider, as part of its work, the specific risks included on the Corporate Risk Register and Assurance Framework aligned to the agenda they are considering.

Workforce Strategy Committee

The Workforce Strategy Committee meets every two months and receives any draft strategic plans relating to workforce. During the year it approved the Trust's Human Resources strategy and a new Health and Wellbeing strategy.

The Committee monitors progress against these strategic plans, and present their findings to the Board for consideration. The Committee considers the Trust's approach on nursing establishments, and agreed an overall approach. This will continue to form an important part of its future agenda. The Committee considers, as part of its work, the specific risks included on the Corporate Risk Register and Assurance Framework aligned to the agenda they are considering.

Executive Board

The Executive Board is the key operational group of the Trust. Its membership includes the Clinical Directors and Corporate Directors. The Executive Board discusses the formulation and implementation of strategy. The formed strategy proposals are discussed with the Board of Directors through the Board and Board Committee meetings.

Hospital and Community Boards

As from the 1 April 2014 the Trust introduced two Hospital and Community Boards. One is based in Scarborough and the other in York.

The Clinical Directors and Deputy Clinical Directors from Scarborough constitute the membership along with the Corporate Directors for the Scarborough Hospital and Community Board.

The Clinical Directors and Deputy Clinical Directors from York constitute the membership with the Corporate Directors for the York Hospital and Community Board.

The Boards will consider and address issues specific to their locations and report the actions to the Executive Board.

Efficiency Group

The Board of Directors is assured by the Executive Directors on the achievement of the efficiency agenda through the Efficiency Group. This group is executive led and monitors progress on the achievement of the cost improvement plan. The Trust has also introduced a dedicated team of staff to support the directorates in achieving the cost improvement programme initiatives.

The group:

- Supports the development of the annual cost improvement plan
- Generates, develops and reviews efficiency initiatives both corporately and in specific areas
- Monitors progress against plan
- Champions and challenges key corporate efficiency projects.

Corporate Risk Committee

The Corporate Risk Committee has concentrated on understanding and improving the identification and description of risks included in the Directorate Risk Registers and Corporate Risk Register. The Committee has continued to review the developments being made to the Assurance Framework and agree those developments. The Committee also agreed that a working group that has senior management membership should be formed to meet on a quarterly basis where the directorate risk registers are discussed. The outcome of this meeting will be included in the information considered by the Corporate Risk Committee.

Communication with stakeholders

The Trust has a comprehensive Communications Department that works closely with the Patient Experience Team. Together they ensure there is public stakeholder engagement that addresses any perceived or actual risks that might impact on the public. This includes undertaking any necessary consultation exercises.

A number of forums exist that allow communication with stakeholders, the forums provide a mechanism for risk identified by stakeholders that affects the Trust to be discussed and where appropriate action plans can be developed to resolve any issues.

Examples of the forums and methods of communication with stakeholder are as follows:

Council of Governors

The Council of Governors has a formal role as a stakeholder body for the wider community in the governance of the Trust. The Council of Governors during 2014/15:

- Held four meetings during the year
- Held working groups to consider issues such as patient experience, annual planning and the Quality Report.

- Ensured there was communication with members through a regular newsletter and open events including the annual open event and the Annual General Meeting
- Regular reports on the activities of the Trust
- Consulted on proposed changes in the organisation e.g. the transfer of community assets.
- Appointment of the Chairman and the external auditors
- Seminar sessions on specific topics for example Nursing

Staff

- Raising concern policy
- Regular newsletter
- Staff meetings and team briefings
- Staff surveys
- Adhoc emails from the Chief Executive
- Consultation exercises
- Family and Friends for staff
- Team Brief

Public and service users

- Patient surveys
- Patient experience
- Patient forum
- Family and Friends initiative
- Meetings with the Friends of York Hospitals and self-help groups
- HealthWatch

Other organisations

- Other health and social care communities where the Trust has an interaction including with the GPs directly and the CCGs
- Clinical and professional network groups in North Yorkshire
- North Yorkshire and York City Council Health Overview and Scrutiny Committees
- Chief Executive forums where an integrated approach to healthcare is discussed and developed

The Board of Directors has reviewed the healthcare standards binding on the Trust, including but not restricted to, standards specified by the Secretary of State, the CQC, NHS England and statutory regulators of health care professionals and has identified a number of actions that should be taken for the Trust to return to full compliance.

During Q4 14/15, a Performance Recovery Plan was developed. It is split into 4 sections, each relating to areas where performance has not been achieved by the Trust. The sections are as follows:

1. ED 4-hour Recovery Plan
2. 18 Week Admitted Referral to Treatment Recovery Plan
3. Diagnostics Recovery Plan
4. Cancer Recovery Narrative

A rigorous and comprehensive review has been undertaken in order to support the development of the plans. These plans are based on improvements in existing systems and processes, system redesign, reinforced performance management and leadership.

The Board of Directors has had full oversight of all actions and plans against the agreed trajectories. The Trust's performance management framework provides the rigour and scrutiny in order to assure the Board that plans are on trajectory or mitigating actions are put in place where performance is off-track.

Integral to the success of all these plans is close working arrangements with all our partners, which will ensure performance recovery is sustainable.

The Board of Directors has ensured that effective financial decision making; management and control have been in place throughout the year.

All of the statements included in this document provide the Board with the assurance that the Trust has in place the required evidence and systems to provide appropriate validity to our Corporate Governance Statement.

The Trust continues to operate within the context of the difficult national economic situation and its impact on the NHS.

At the end of the 2014/15 financial year, the Trust reported an income and expenditure deficit of £5.6m, and a CoSR of 4. This position includes a technical adjustment for impairments of £3.7m, restructuring costs of £0.4m, and donated asset income of £0.6m; all of which are discounted by Monitor in their assessment of the Trust's underlying performance of a £2.2m deficit. Disappointingly this represents a significant adverse variance against the planned position of a £3.1m surplus.

There are essentially three material components to the variance from plan:

- An inability to recruit medical and nursing staff into substantive posts resulting in a significant increase in the use of locum and agency staff. A contributing factor to this is the shortage nationally of professionals in key specialties resulting in provider organisations competing from a small pool of staff. The cost of the premium incurred by the Trust in using agency and locum staff is assessed at £4.9m, an increase over that experienced in prior years of £1.7m (+35%).
- A significant increase beyond planned expectations in ED attendances and acute admissions, coupled with capacity constraints elsewhere in the health/social care systems preventing the timely discharge of patients and reducing capacity for support in the community. These dynamics caused a reduction in elective capacity, losing income at 100% of tariff, replaced by additional non-elective patients, reimbursed at 30% of tariff. It is estimated that this impacted on the Trust's overall I&E position by £4.3m.
- As the consequence of the above, the Trust faced the additional burden of incurring penalties for failing to deliver the 4 hour ED waiting time, Ambulance handover times, and RTT. This cost the Trust £3.6m in 2014/15, although through negotiation with commissioners £1.2m of these fines were reinvested in the Trust in recognition of the system pressures.

Compliance with equality, diversity and human rights legislation

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. The Trust takes due regard of equality and human rights issues during the development of any service or change to service and the Management of Policies, this includes a detailed requirement to undertake equality analysis as part of the formulation of any new or updated policy.

The Trust is developing an Equality Analysis toolkit to approach equality analysis in a structured and consistent manner. Also under development is a system where appropriate papers prepared for corporate committees will include equality analysis. The Trust has not routinely published equality analysis but will put in place procedures to ensure publication does occur.

Compliance with NHS pension scheme regulations

As an employer with staff entitled to membership of the NHS Pension scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments in to the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Climate change and adaptation requirements under the Climate Change Act 2008

The Foundation Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projections, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

5 Review of economy, efficiency and effectiveness of the use of resources

During the year the Board of Directors has received regular reports informing of the economy, efficiency and effectiveness of the use of resources. The reports provide detail on the financial and clinical performance of the Trust during the previous period and highlight any areas where there are concerns.

The Efficiency Group, an executive group, is led by the Chief Executive and ensures the effective management of the Trust efficiency agenda. The membership of the group includes all the Corporate Directors.

During 2014/15 Internal Audit have reviewed the systems and processes in place and published reports detailing the required actions within specific areas to ensure economy, efficiency and effectiveness of the use of resources is maintained, the outcome of these reports are graded according to the level of remaining risks within the area.

During September 2014 Monitor undertook an investigation into the Trust. Monitor's concern was raised by breaches of multiple performance targets including delivery of the 4 hour A&E target, 18 week referral to treatment target; 14 day breast symptomatic target. Their investigation principally focused on the issues relating to the four hour A&E Target and Cancer two week wait (symptomatic breast) targets. These were targets that the Trust continued to experience difficulties in delivering sustainably throughout the course of the investigation.

Monitor concluded their investigation in October 2014 and confirmed that there was not sufficient evidence to suggest that the Trust was in breach of its licence. Monitor was satisfied that the Board understood the causes of the performance issues, that the Trust had analysed the factors contributing to the target breaches and had identified the root causes, including those within the Trust's immediate control and those impacted by wider system or national issues. The Trust put in place an action plan to address the issues.

The Board of Directors has also received assurances on the use of resources from agencies outside the Trust including Monitor. Monitor requires the Board of Directors to self-assess on a quarterly basis. During the year Monitor moved from the metrics included in the Compliance Framework to the metrics included in the Risk Assessment Framework. Under the Risk Assessment Framework, Monitor scores the assessment on a number score for Continuity of Services and a colour and narrative rating for governance.

The table below shows the quarterly ratings received by Monitor.

Monitor assessment during 2014/15 on a quarterly basis		
Quarter	Continuity of Services (as per the Risk Assessment Framework)	Governance Rating (as per the Risk Assessment Framework)
Q1	4	Green
Q2	4	Narrative
Q3	4	Green
Q4	4	Green

Serious incident relating to information governance

The Trust on one occasion during the year submitted a report to the Information Commissioner. The incident involved a member of staff accessing patients' records inappropriately. The Trust developed a number of recommendations that were acted upon and the Information Commissioner was satisfied with the actions taken. No further action was taken by the Information Commissioner.

6 Annual Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare the Quality Report for each financial year. Monitor has issued guidance to NHS Foundation Trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

The Trust has appointed the Chief Nurse to lead and advise the Board of Directors on all matters relating to the preparation of the Trust's annual Quality Report.

To ensure that the Trust's Quality Report presents a properly balanced picture of its performance over the year we have put in place a non-executive director lead.

The Trust has developed separate clinical quality and safety strategies to reflect the management responsibilities of the Chief Nurse and Medical Director.

The Nursing and Midwifery Strategy describes the quality aspects of the care provided in the Trust.

The Patient Safety Strategy describes the safety aspects in place.

The Strategies identify the key quality and safety goals of the Trust including the introduction of new and revised systems to support the delivery of the Clinical Quality and Safety and to ensure a continuation of the delivery of high quality safe clinical care.

During 2014/15 the Trust did not fully achieve all the objectives set as priorities in the Quality and Safety Strategy and Quality Report. The Trust achieved 21 of the 23 priorities identified. More detail of the achievements can be found in the Quality Report. The Trust has considered the reasons for not fully achieving the set priorities and described the reasons in the Quality Report. The priorities that were not achieved will continue to be addressed by the Trust and managed by the Patient Safety Group during 2015/16 and will be reported in the Quality Report for 2015/16.

Data quality, monitoring, validation and system controls are embedded within the organisation and reporting processes to assure the quality and accuracy of elective waiting time data are in place.

The Quality and Safety Committee and Board of Directors will receive quarterly updates on progress against the set priorities during the year.

7 Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust that have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Report attached to this Annual Report and other performance information available to me.

My review is also informed by comments made by the external auditors in their Reports to those Charged with Governance (Interim & Annual). I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board of Directors, the Audit Committee, Corporate Risk Committee and the Patient Safety Group and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The level of assurance has been enhanced during the year through continued development and refining of the collection and use of data.

The Head of Internal Audit Opinion 2014/15 highlights weaknesses in the risk management system related to:

- monitoring of the effectiveness of the risk management framework to demonstrate how it is embedded within the organisation.
- the process for escalating risks within the organisation as these remain unclear. This was addressed by the approval of the Risk Management Framework in April 2015.
- clarity of the reporting lines for the groups previously reporting to the Corporate Risk Management Group.
- a lack of regular highlight and exception reporting to the Board of Directors by the Corporate Risk Committee and the Workforce Strategy Committee.

The opinion also highlights a weakness in the Child Safeguarding protocols. The opinion recognises there has been a review and actions have been agreed and implemented to further strengthen controls, although these are not fully embedded and effective.

When Internal Audit provide an assurance report to the Board of Directors that shows only limited assurance can be obtained from the systems and processes in use, I meet with Internal Audit, the Directors and Managers responsible for the system. The objective of the meeting is to ensure there is clarity around the weaknesses in the systems and the actions being taken to address those systems. The overall Head of Internal Audit opinion overall gives the Trust significant assurance.

My opinion is also informed by:

- Maintained accreditation of the Trust granted in March 2010 for NHSLA at level one for general standards. The Trust achieved NHSLA Maternity Standards level 2 in 2013/14
- Contracts with commissioners for 2014/15 were agreed in a cooperative and collaborative manner through the Trust's engagement with the Commissioners. The Trust has engaged with its commissioner throughout the year in order to ensure that contracts were performing in line with expectations and mitigate any emerging risks.
- The Board of Directors receive a monthly report from the Medical Director, Chief Nurse, Chief Executive and Finance Director which provides the Board of Directors with assurance about the clinical, quality and corporate issues within the Trust. The performance report is also presented on a monthly basis to the Board of Directors. The Board of Directors receives information about patient experience at each Board meeting. This varies from month to month, but includes hearing a patient talk about their experience in the Trust, hearing from community staff, hearing from the Head of Patient Experience about the strategy that is being developed. A robust system is applied to the management of complaints and this has been discussed with the Board of Directors and Council of Governors during the year.
- The Audit Committee has received a number of audit reports from internal audit at each meeting. The Audit Committee reviews the reports and discusses the recommendations made. The Audit Committee has reviewed the information from the Patient Safety Group of which the chairman of the Audit Committee is a member.
- The Trust continues to be monitored by Yorkshire and Humber Health Education Board regarding the quality of delivery of the Learning and development agreement. The Trust has hosted a number of colleges and deanery visits throughout the year and has received positive feedback on the general quality of student experience. Changes in the funding of non-medical students have resulted in a renewed focus upon the delivery and enablement of multi-disciplinary learning which the Trust continues to develop. The Trust is seen as a pathfinder in the development of Advanced Clinical Practitioner roles and has presented at a number of regional events on the approach taken to develop greater workforce flexibility and capability.
- The Trust has a Clinical Audit Strategy and Policy in place, which outlines the systems and processes to monitor clinical audit undertaken by the Trust. This enables a systematic process to address risks and to provide assurance to the Trust, Commissioners and monitoring bodies.

- All clinical audit activity is registered with the Effectiveness Team and is collated on the Effectiveness Project and Clinical Audit Database. The Effectiveness Team follow up on all reports/briefcases (summary report) and action plans. These are attached to the Database to evidence changes to practice.
- A Clinical audit report evidencing key performance indicators are presented to the Clinical Standards Committee every two months. The Clinical Standards Group is a formal sub group of and is accountable to the Patient Safety Group. The Audit Committee during 2014/15 received an update on the clinical governance arrangements and will continue to monitor the assurance the process provides.
- Internal Audit is an independent service who has a risk based plan agreed with the Audit Committee for the year. The plan includes areas where controls within the systems and process maybe improved or enhanced. Internal Audit presents their findings to the Audit Committee and the Board of Directors through the Audit Committee minutes on a quarterly basis (as a minimum). The Head of Internal Audit Opinion is written as a summary of the findings of all the Audits held.
- I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the committees identified above, by the Board's monitoring of corporate and directorate performance, by the publication of audit reports in line with their work programme by internal audit during the year, and by the evidence of the assessment of the Trust and the capacity and capability of the Board by Monitor in relation to its financial management, governance arrangements and risk management systems, the Board's self-certification to Monitor.

8 Conclusion

I am satisfied that no significant internal control issues have been identified.



Patrick Crowley – Chief Executive

Date 27 May 2015

Annual Accounts

Annual Accounts



2014/15

York Teaching Hospital NHS Foundation Trust

Statement of the Chief Executive's responsibilities as the accounting officer of York Teaching Hospital NHS Foundation Trust

The National Health Service Act 2006 states that the Chief Executive is the accounting officer of the NHS Foundation Trust. The relevant responsibilities of accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the accounting officers' Memorandum issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Under the National Health Service Act 2006, Monitor has directed the York Teaching Hospital NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of York Teaching Hospital NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.


In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

- Observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and disclose and explain any material departures in the financial statements;
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance; and
- Prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's *NHS Foundation Trust Accounting Officer Memorandum*.

Signed:



Chief Executive

Date 27/5/15

Independent auditor's report to the Council of Governors of York Teaching Hospital NHS Foundation Trust

Our opinion on the financial statements is unmodified

In our opinion the financial statements:

give a true and fair view of the state of the financial position of York Teaching Hospital NHS Foundation Trust as at 31 March 2015 and of its income and expenditure for the year then ended; and have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual and the directions under paragraph 25(2) of Schedule 7 of the National Health Service Act 2006.

Who we are reporting to

This report is made solely to the Council of Governors of York Teaching Hospital NHS Foundation Trust, as a body, in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors as a body, for our audit work, for this report, or for the opinions we have formed.

What we have audited

We have audited the financial statements of York Teaching Hospital NHS Foundation Trust ('the Trust') for the year ended 31 March 2015 which comprise the statement of comprehensive income, the statement of financial position, the statement of cash flows, the statement of changes in taxpayers' equity and the related notes.

The financial reporting framework that has been applied in their preparation is the NHS Foundation Trust Annual Reporting Manual issued by Monitor, the Independent Regulator of NHS Foundation Trusts.

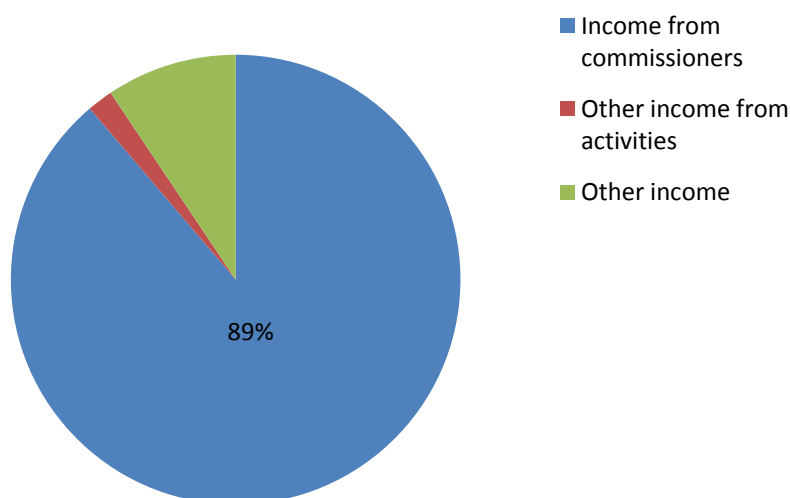
Our assessment of risk

In arriving at our opinions set out in this report, we highlight the following risks that are, in our judgement, likely to be most important to users' understanding of our audit.

Valuation of contract income from commissioning bodies and associated receivables

The risk: The Trust receives a large proportion of its income from commissioners of healthcare services. It invoices its commissioners throughout the year for services provided, and at the year-end estimates and accrues for activity not yet invoiced. Invoices for the final quarter of the year are not finalised and agreed until after the year-end and after the deadline for the production of the financial statements. There is therefore a risk that the income from commissioners (and associated receivables) recognised in the financial statements may be misstated. We identified the accounting for the contract arrangements with commissioning bodies (in particular the consistency of the income with contract terms) as one of the risks that had the greatest impact on our audit strategy.

Operating income 2014/15



Our response: Our audit work included, but was not restricted to, assessing the Trust's accounting policy for revenue recognition, understanding management's processes to recognise this income in accordance with the stated accounting policy, performing walk-throughs of management's key controls over income recognition (for example controls over contract billing, pricing and agreement of contract variations) to assess whether they were designed effectively and substantively testing the income and associated receivables.

Our substantive testing included:

- agreement of income balances to significant contracts with commissioning bodies;
- review of processes around year-end cut-off;
- testing a sample of the contract variations to ensure they were accounted for appropriately and are not in dispute; and
- review of the Agreement of Balances tool for NHS income and debtor balances

The Trust's accounting policy on revenue recognition is shown in note 1.3 to the financial statements and its analysis of its total operating income is included in note 2.2.

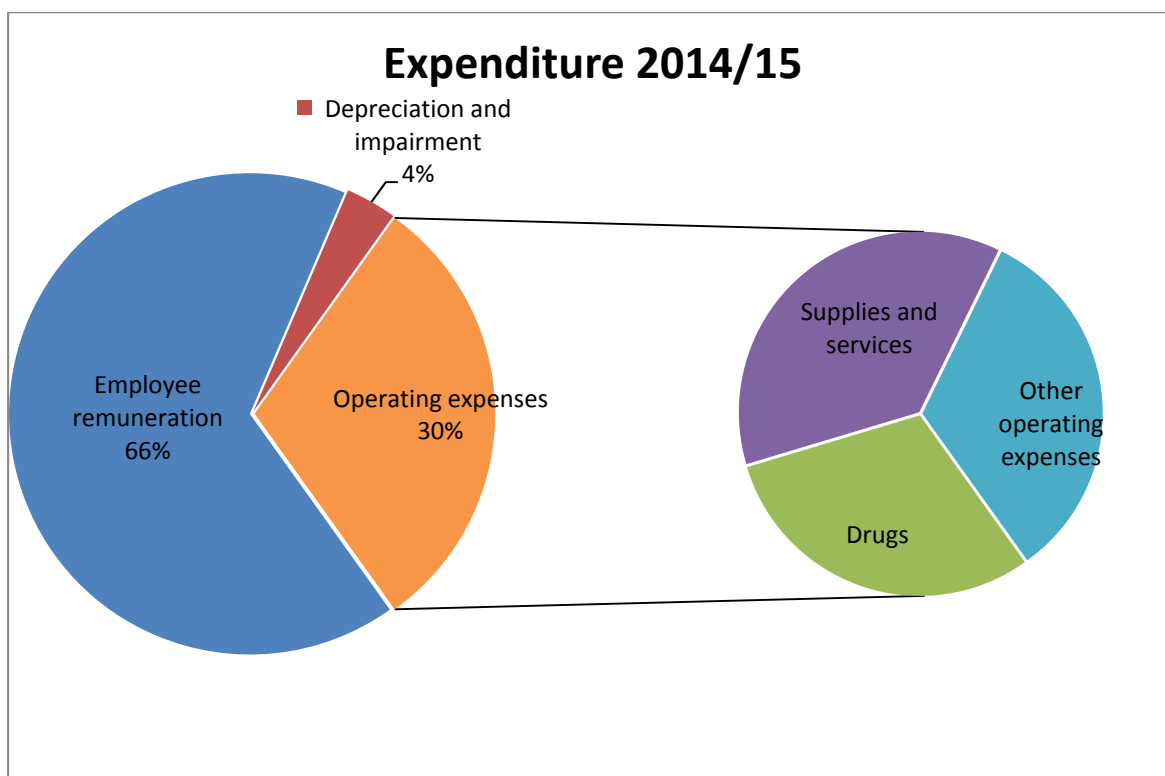
Our findings:

We did not note any exceptions from our work on this income.

Completeness of employee remuneration and operating expenses and associated payables

The risk: The majority of the Trust's expenditure relates to employee remuneration and operating expenses. Together they account for 96% of the Trust's gross expenditure. The Trust pays the majority of this expenditure through its payroll and accounts payable systems and at the year-end estimates and accrues for un-invoiced expenses. Invoices for the final weeks of the year are not received and processed until after the year-end and in many cases after the deadline for the production of the financial statements. There is therefore a risk that the expenses (and associated payables) recognised in the financial statements may be misstated. We identified the

completeness of employee remuneration and operating expenses (in particular the understatement of accruals) as risks that had the greatest impact on our audit strategy.



Our response: Our audit work included, but was not restricted to, understanding management's processes to recognise payroll and accounts payable expenditure and year-end accruals for unprocessed invoices and expenditure incurred and not yet invoiced (GRNI), walking through management's key controls over recognition of expenditure (for example authorisation of expenditure subsystem interfaces, processing of adjustments and authorisation of payments) to assess whether they were designed effectively and substantively testing expenditure and associated payables.

Our substantive testing included:

- testing the reconciliation of employee remuneration expenditure in the financial statements to the general ledger and payroll subsystems;
- performing a trend analysis and analytical review of payroll costs to identify any unusual cost variations for follow up;
- sample testing payroll expenditure to source documents;
- assessing whether the Trust's processes for accruing for GRNIs were sufficiently robust to ensure that uninvoiced expenditure had been accrued for appropriately;
- reviewing the Agreement of Balances tool for NHS payables and expenditure;
- sample testing accruals to post year-end invoices; and
- testing a sample of post year-end payments to confirm the completeness of accruals.

The Trust's accounting policy for recognition of expenditure is shown in note 1, its analysis of employee remuneration costs is included in note 4.1 and its analysis of operating costs is included in note 3.1 to the financial statements.

Our findings:

We did not note any exceptions from our work on this expenditure.

Our application of materiality and an overview of the scope of our audit

Materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the judgement of a reasonably knowledgeable person would be changed or influenced.

We determined materiality for the audit of the financial statements as a whole to be £4,458,000, which is 1.00% of the Trust's gross operating costs. This benchmark is considered the most appropriate because users of the financial statements are particularly interested in how healthcare funding has been spent. We use a different level of materiality, performance materiality, to drive the extent of our testing and this was set at 75% of financial statement materiality. We also determine a lower level of specific materiality for certain areas such as senior officer remuneration.

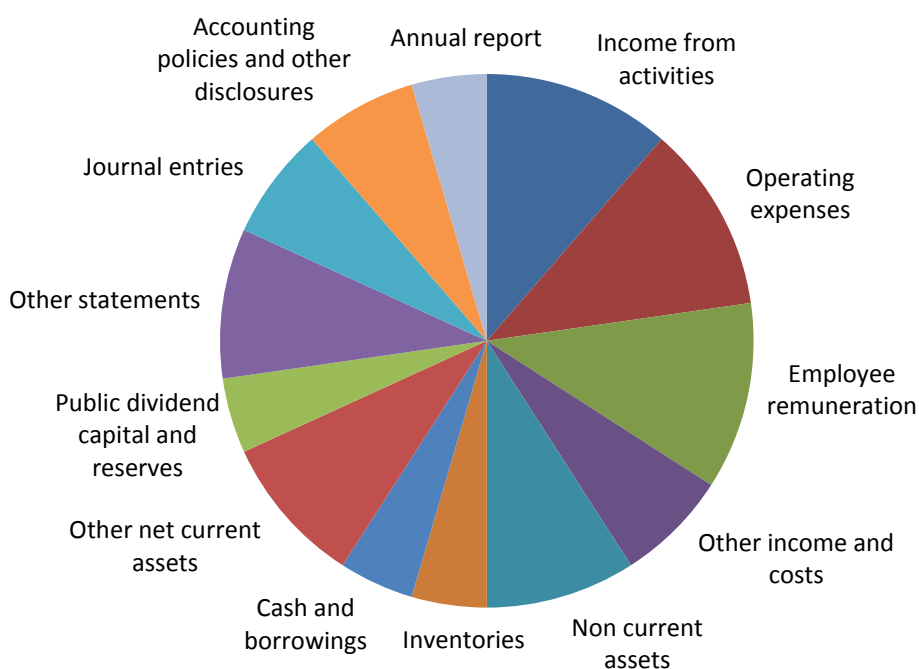
We determined the threshold at which we will communicate misstatements to the Trust's Audit Committee to be £223,000. In addition we communicate misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.

Overview of the scope of our audit

We conducted our audit in accordance with International Standards on Auditing (ISAs) (UK and Ireland) having regard to the Financial Reporting Council's Practice Note 10 'Audit of Financial Statements of Public Bodies in the UK (Revised)' . Our responsibilities under the Code and the ISAs (UK and Ireland) are further described in the 'Responsibilities for the financial statements and the audit' section of our report. We believe that the audit evidence we have obtained from our audit is sufficient and appropriate to provide a basis for our opinion.

We are independent of the Trust in accordance with the Auditing Practices Board's Ethical Standards for Auditors, and we have fulfilled our other ethical responsibilities in accordance with those Ethical Standards.

Allocation of audit fieldwork time



Our audit approach was based on a thorough understanding of the Trust's business and is risk based. The Trust uses an outsourced service provider for the ESR payroll system and the North East Patches ledger framework. Accordingly, our audit work was focused on obtaining an understanding of, and evaluating, relevant internal controls at both the Trust and its third party service providers.

We undertook substantive testing on significant transactions, balances and disclosures in the financial statements, the extent of which was based on various factors such as our overall assessment of the Trust's control environment, the design effectiveness of controls over significant financial systems and the management of risks.

Other reporting required by regulations

Our opinion on other matters prescribed by the Audit Code for NHS Foundation Trusts is unmodified

In our opinion:

the part of the Directors' Remuneration Report subject to audit has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2014-15 issued by Monitor; and the information given in the strategic report and directors' report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

We have nothing to report in respect of the following:

Under the Code we are required to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual or is misleading or inconsistent with the information of which we are aware from our audit;
- we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; or
- the Trust's Quality Report has not been prepared in line with the requirements set out in Monitor's published guidance or is inconsistent with other sources of evidence.

Under the ISAs (UK and Ireland), we are also required to report to you if, in our opinion, information in the annual report is:

- materially inconsistent with the information in the audited financial statements; or
- apparently materially incorrect based on, or materially inconsistent with, our knowledge of the Trust acquired in the course of performing our audit; or
- otherwise misleading.

In particular, we are required to report to you if:

- we have identified any inconsistencies between our knowledge acquired during the audit and the directors' statement that they consider the annual report is fair, balanced and understandable; or
- the annual report does not appropriately disclose those matters that were communicated to the Audit Committee which we consider should have been disclosed.

Responsibilities for the financial statements and the audit

What an audit of financial statements involves:

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Trust; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially inconsistent with the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

What the Chief Executive is responsible for as accounting officer:

As explained more fully in the Chief Executive's Responsibilities Statement, the Chief Executive as Accounting Officer is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Direction issued by Monitor and for being satisfied that they give a true and fair view.

What are we responsible for:

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law, the Audit Code for NHS Foundation Trusts issued by Monitor, and ISAs (UK

and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Certificate

We certify that we have completed the audit of the financial statements of York Teaching Hospital NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts issued by Monitor.

A handwritten signature in black ink, appearing to read 'Graham Nunns', with a horizontal line drawn underneath it.

Graham Nunns

Director

for and on behalf of Grant Thornton UK LLP

No1 Whitehall Riverside
Whitehall Road
Leeds
LS1 4BN

27 May 2015

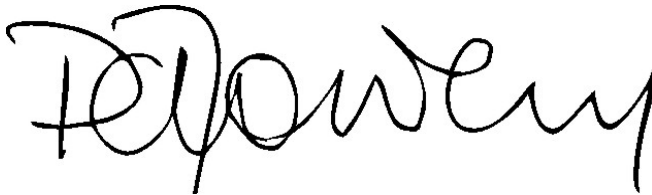
Foreword to the Accounts

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST

These accounts for the year ended 31 March 2015 have been prepared by York Teaching Hospital NHS Foundation Trust under paragraphs 24 and 25 of schedule 7 of the Health and Social Care (Community Health and Standards) Act 2006 in the form which Monitor has, with the approval of the Treasury, directed.

York Teaching Hospital NHS Foundation Trust Annual Report and Accounts are presented to Parliament pursuant to Schedule 8, paragraph 11(3) of the Health and Social Care (Community Health and Standards) Act 2006.

Signed

A handwritten signature in black ink, appearing to read 'P. Crowley', written in a cursive style.

Patrick Crowley – Chief Executive

Statement of Comprehensive Income for the year ending 31 March 2015

	Notes	2014/15 £000	2013/14 £000
Operating income	2	441,120	431,850
Operating expenses	3	(452,527)	(437,917)
(Deficit) before transition support income		(11,407)	(6,067)
Transition Support Income		12,218	11,985
Operating Surplus after transition support income		811	5,918
Finance Costs			
Finance income	5	163	113
Finance expense – financial liabilities	6	(354)	(228)
Finance expense – unwinding of discount		(23)	(31)
PDC Dividends Payable	1.18	(6,238)	(5,723)
Net Finance Costs		(6,452)	(5,869)
(DEFICIT)/SURPLUS FOR THE YEAR		(5,641)	49
Other comprehensive income and expense			
Gain from transfer by modified absorption from demising bodies	19	0	32,551
Impairments		(1,363)	(835)
Revaluation gains on property, plant and equipment		6,945	8,316
Total other comprehensive income and expense		5,582	40,032
Total Comprehensive (Expenditure)/Income for the Year		(59)	40,081

The notes on pages 247 to 271 form part of these accounts.

York took over responsibility for the former Scarborough & North East Yorkshire Healthcare NHS Trust (SNEY) from 1 July 2012 onwards. Under the terms of this agreement the Trust received additional transition funding of £17.08m in 2012/13, £11.98m in 2013/14 and £12.22m in 2014/15. These figures are included in the Statement of Comprehensive Income as transition support income.

In April 2013, a number of Community premises were transferred to the Trust from the former North Yorkshire and York PCT, under the transforming community care initiative. These assets were valued at £32.55m. Under modified absorption accounting, this transfer is accounted for through the income and expenditure reserve as other comprehensive income.

All income and expenditure is derived from continuing operations.

Statement of Financial Position

31 MARCH 2015

	Notes	31 March 2015 £000	31 March 2014 £000
Non- current assets			
Intangible assets	8	1,716	1,714
Property, plant and equipment	9	225,882	212,866
Trade and other receivables	11	1,087	1,261
Total non- current assets		228,685	215,841
Current assets			
Inventories	10	6,840	6,566
Trade and other receivables	11	21,045	26,874
Non-current assets held for sale	9	237	0
Cash and cash equivalents	18	18,493	25,315
Total current assets		46,615	58,755
Current Liabilities			
Trade and other payables	12	(30,768)	(30,278)
Borrowings	14	(1,312)	(1,207)
Provisions	16	(108)	(108)
Other liabilities	13	(1,607)	(1,217)
Total current liabilities		(33,795)	(32,810)
Total Assets less Current liabilities		241,505	241,786
Non-current liabilities			
Borrowings	14	(11,539)	(12,676)
Provisions	16	(1,115)	(1,186)
Total Non-current liabilities		(12,654)	(13,862)
Total Assets Employed		228,851	227,924
Financed by (Taxpayers' equity)			
Public Dividend Capital		85,930	84,944
Revaluation Reserve	17	56,337	50,755
Income and expenditure reserve		86,584	92,225
Total Taxpayers' equity		228,851	227,924

The financial statements on pages 247 to 271 were approved by the Board of Directors on 27 May 2015 and signed on its behalf by:

Signed:  (Chief Executive)

Date: 27/5/15

Statement of changes in Taxpayers' Equity for the year ended 31 March 2015

	Total £000	Public Dividend Capital £000	Revaluation Reserve £000	Income and Expenditure Reserve £000
Taxpayers' equity at 31 March 2013	175,309	72,410	39,489	63,410
Surplus for the year	49	0	0	49
Transfers by modified absorption from demising bodies	32,551	0	0	32,551
Transfers by modified absorption between reserves	0	0	3,785	(3,785)
Revaluation gains on property, plant and equipment	8,316	0	8,316	0
Impairment losses	(835)	0	(835)	0
Public Dividend Capital received	12,630	12,630	0	0
PDC adjustment for cash impact of receivables transferred	(96)	(96)	0	0
Taxpayers' equity at 31 March 2014	227,924	84,944	50,755	92,225
Deficit for the year	(5,641)	0	0	(5,641)
Transfers by modified absorption from demising bodies	0	0	0	0
Transfers by modified absorption between reserves	0	0	0	0
Revaluation gains on property, plant and equipment	6,945	0	6,945	0
Impairment losses	(1,363)	0	(1,363)	0
Public Dividend Capital received	986	986	0	0
PDC adjustment for cash impact of receivables transferred	0	0	0	0
Taxpayers' equity at 31 March 2015	228,851	85,930	56,337	86,584

Statement of Cash Flows for the Year Ended 31 March 2015

	2014/15 £000	2013/14 £000
Cash flows from operating activities		
Operating surplus/(deficit)	811	5,918
Non Cash Income and Expense		
Depreciation and amortisation	10,850	11,273
Impairments	4,749	4,029
Reversal of Impairments	(992)	(1,340)
Profit on disposal of assets	0	(3)
Decrease/(Increase) in Trade and other Receivables	6,616	(3,935)
(Increase)/Decrease in Inventories	(274)	507
Increase/(Decrease) in Trade and other Payables	2,605	(5,296)
Increase in Other Liabilities	390	1,217
(Decrease) in Provisions	(94)	(60)
Other movements in operating cash flows	0	18
NET CASH GENERATED FROM OPERATIONS	24,661	12,328
Cash flows from investing activities		
Interest received	163	113
Purchase of intangible assets	(293)	(1,155)
Purchase of Property, Plant and Equipment	(24,015)	(12,969)
Sales of Property, Plant and Equipment	0	3
Net cash used in investing activities	(24,145)	(14,008)
Cash flows from financing activities		
Public Dividend Capital received	986	12,630
Public Dividend Capital adjustment for modified absorption transfers	0	(96)
Loans received	200	8,235
Loans repaid	(1,125)	(530)
Capital element of finance lease rental payments	(107)	(107)
Interest paid	(321)	(215)
Interest element of finance lease	(14)	(13)
PDC Dividend paid	(6,957)	(5,697)
Net cash generated from/(used in) financing activities	(7,338)	14,207
(Decrease)/Increase in cash or cash equivalents	(6,822)	12,527
Cash and cash equivalents at 1 April 2014	25,315	12,788
Cash and cash equivalents at 31 March 2015	18,493	25,315

Notes to the Accounts

1 ACCOUNTING POLICIES

Monitor, the Independent Regulator of Foundation Trusts has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the NHS Foundation Trust Annual Reporting Manual which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the 2014/15 NHS Foundation Trust Annual Reporting Manual issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS Foundation Trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and liabilities.

1.1 Transfer of Functions

For functions that were transferred to the Trust from another NHS body in April 2013, the assets and liabilities transferred are recognised in the accounts as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net gain corresponding to the net assets transferred from North Yorkshire and York PCT, (NYYPCT) on 1 April 2013, is recognised within the income and expenditure reserve.

For property plant and equipment assets and intangible assets, the Cost and Accumulated Depreciation / Amortisation balances from NYYPCT have been preserved on recognition in the Trust's accounts. Where any assets received by the Trust had an attributable revaluation reserve balance in NYYPCT's accounts, this is preserved in the Trust's accounts by transferring the relevant amount from the income and expenditure reserve to the revaluation reserve, to maintain transparency within public sector accounts.

This accounting treatment is in line with the modified absorption accounting requirements as detailed in the Monitor Annual Reporting Manual. This only applies to assets transferring from demising NHS bodies on the 1st April 2013 and therefore are only relevant to the prior year figures.

Transfers are recorded based on the book values of assets and liabilities transferring. Adjustments to values as a result of harmonising accounting policies are made immediately after this initial transfer, and are adjusted directly in taxpayers' equity.

1.2 Key sources of judgement and estimation uncertainty

In the course of preparing the annual accounts, the directors have to make use of estimated figures in certain cases, and routinely exercise judgement in assessing the amounts to be included. In the case of the 2014/15 accounts, the most significant judgement relates to the recognition of clinical income due from the Trust's key commissioners. The directors have formed the judgement that the Trust has recognised the appropriate level of income due under the terms of the signed contract

and anticipates recovery of outstanding debts in line with previous settlements.

1.3 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the NHS Foundation Trust is contracts with commissioners in respect of healthcare services.

Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

1.4 Expenditure on employee benefits

Short term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. It is not possible for the NHS Foundation Trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme.

Employers pension cost contributions are charged to operating expenses as and when they become due.

1.5 Property, plant and equipment

Recognition

Property, Plant and Equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the NHS Foundation Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- individually has a cost of at least £5,000; or
- collectively has a cost of at least £5,000 and individually has a cost of more than

- £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- form part of the initial equipping and setting-up cost of a new building, ward or unit irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

Valuation

Land and buildings used for the NHS Foundation Trust's services or for administrative purposes are stated in the Statement of Financial Position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the Statement of Financial Position date. Fair values are determined as follows:

- Specialised buildings – depreciated replacement cost based on modern equivalent assets
- Land and non-specialised buildings – existing use value
- Non-operational properties (including surplus land) – existing use value

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. The NHS Foundation Trust has applied this basis of valuation from 1 April 2009. A full revaluation was carried out at 31 March 2015 to reflect the changes in building values throughout the year.

Valuations are carried out by professionally qualified valuers, external to the Trust, in accordance with the Royal Institute of Chartered Surveyors (RICS) *Appraisal and Valuation Manual*.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

Fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

Increases arising on revaluation are taken to the revaluation reserve except when it reverses a revaluation decrease for the same asset previously recognised in the Statement of Comprehensive Income, in which case it is credited to the Statement of Comprehensive Income to the extent of the decrease previously charged there. A revaluation decrease is charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to the Statement of Comprehensive Income.

Impairments

In accordance with the Foundation Trust Annual Reporting Manual, impairments that are due to a loss of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of

- (i) the impairment charged to the operating expenses; and
- (ii) the balance in the revaluation reserve attributable to that asset before impairment.

An impairment arising from a loss of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversal of 'other impairments' are treated as revaluation gains.

Depreciation

Items of Property, Plant and Equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

The standard economic lives of Property, Plant and Equipment assets are as follows:

- Buildings (excluding dwellings)	20 to 60 years
- Dwellings	5 to 60 years
- Engineering and fixed plant	5 to 50 years
- Medical equipment and engineering plant and equipment	5 to 15 years
- Transport	3 to 7 years
- Mainframe information technology installations	5 to 8 years
- Furniture and Fittings	5 to 10 years
- Office and information technology equipment	3 to 5 years
- Set up costs in new buildings	10 years

Property, Plant and Equipment which has been reclassified as 'Held for Sale' ceases to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

De-recognition

Assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;

- the sale must be highly probable i.e.

- management are committed to a plan to sell the asset;
- an active programme has begun to find a buyer and complete the sale;
- the asset is being actively marketed at a reasonable price;
- the sale is expected to be completed within 12 months of the date of classification as 'Held for Sale'; and
- the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, Plant and Equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated, government grant and other grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as the other items of property, plant and equipment.

1.6 Intangible assets

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the NHS Foundation Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the NHS Foundation Trust and where the cost of the asset can be measured reliably. They are only capitalised when they have a cost of at least £5,000. Intangible assets acquired separately are initially recognised at fair value.

The NHS Foundation Trust does not recognise any internally generated assets, associated expenditure is charged to the statement of comprehensive income in the period in which it is incurred.

Expenditure on research activities is recognised as an expense in the period in which it is incurred.

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is

capitalised as an intangible asset.

Following initial recognition, intangible assets are carried at amortised replacement cost as this is not considered to be materially different from fair value.

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

The standard economic lives of intangible assets are as follows:

- Software 5 to 10 years

1.7 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

When the NHS Foundation Trust acts as a lessee, the following applies:-

- Amounts held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments using the interest rate implicit in the lease. The asset is recorded as Property, Plant and Equipment, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are charged directly to the Statement of Comprehensive Income.
- Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.
- Contingent rentals are recognised as an expense in the period in which they are incurred.

When the NHS Foundation Trust acts as a lessor, the following applies:-

- Rental income from operating leases is recognised on a straight-line basis over the term of the lease.

1.8 Inventories

Inventories are valued at the lower of cost and net realisable value. Inventories are valued at actual cost and this is considered to be a reasonable approximation to current cost due to the high turnover of stocks. Partially completed contracts for patient services are not accounted for as inventories, but rather as receivables.

1.9 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in three months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

Cash and bank balances are recorded at the current values of these balances in the NHS Foundation Trust's cash book. These balances exclude monies held in the NHS Foundation Trust's bank account belonging to patients (see "third party assets" below).

Account balances are only set off where a formal agreement has been made with the bank to do so. In all other cases overdrafts are disclosed within creditors. Interest earned on bank accounts and interest charged on overdrafts is recorded as, respectively, "interest receivable" and "interest payable" in the periods to which they relate. Bank charges are recorded as operating expenditure in the periods to which they relate.

1.10 Provisions

The NHS Foundation Trust provides for legal or constructive obligations that are of uncertain timing or amount at the Statement of Financial Position date on the basis of the best estimate of the expenditure required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

1.11 Contingencies

Contingent liabilities are provided for where a transfer of economic benefits is probable. Otherwise, they are not recognised, but are disclosed in a note unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- Possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- Present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.12 Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the NHS Foundation Trust pays an annual contribution to the NHSLA which in return settles all clinical negligence claims. The contribution is charged to operating expenses. Although the NHSLA is administratively responsible for all clinical negligence cases the legal liability remains with the NHS Foundation Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the NHS Foundation Trust is disclosed at note 16.

1.13 Non-clinical risk pooling

The NHS Foundation Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the NHS Foundation Trust pays an annual contribution to the NHS Litigation Authority and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1.14 Financial instruments

Financial assets and financial liabilities are initially recognised at fair value. This is determined as follows:

- the fair value of financial assets and financial liabilities with standard terms and

conditions and traded on active markets are determined with reference to quoted market prices.

- the fair value of other financial assets and financial liabilities (excluding derivative instruments) are determined in accordance with generally accepted pricing models based on discounted cash flow analysis.
- the fair value of derivative instruments are calculated using quoted prices. Where such prices are not available, use is made of discounted cash flow analysis using the applicable yield curve for the duration of the instrument.

Financial assets

Financial assets are classified into the following categories:

- financial assets 'at fair value through profit and loss'
- 'held to maturity investments'
- 'available for sale' financial assets
- 'loans and receivables'

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

The NHS Foundation Trust's financial assets all fall under the category 'loans and receivables'.

Trade receivables, loans, and other receivables that have fixed or determinable payments that are not quoted in an active market are classed as 'loans and receivables'. They are measured at amortised cost using the effective interest method less any impairment; interest income is recognised by applying the effective interest rate, except for short-term receivables where the recognition of interest would be immaterial. The effective interest method is a method of calculating the amortised cost of a financial asset and of allocating interest income over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset.

Receivables are assessed for indicators of impairment at each Statement of Financial Position date. Financial assets are impaired where there is objective evidence that, as a result of one or more events that occurred after the initial recognition of the financial asset, the estimated future cash flows of the investment have been impacted. The amount of the impairment is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the original effective interest rate. The carrying amount of the financial asset is reduced by the impairment loss directly for financial assets other than trade receivables, where the carrying amount is reduced through an allowance for irrecoverable debts, changes in which are recognised in the Statement of Comprehensive Income.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the Statement of Comprehensive Income to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

Financial liabilities

Financial liabilities are classified into the following categories:

- 'financial liabilities at fair value through profit and loss'
- 'other financial liabilities'.

The NHS Foundation Trust's financial liabilities all fall under the category 'other financial liabilities'.

Other financial liabilities including borrowings are initially measured at fair value, less transaction costs. They are subsequently measured at amortised cost using the effective interest method, with interest expense.

1.15 Value Added Tax

Most of the activities of the NHS Foundation Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable the amounts are stated net of VAT.

1.16 Foreign currencies

Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the Statement of Comprehensive Income. At the Statement of Financial Position date, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the Statement of Financial Position date.

1.17 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Foundation Trust has no beneficial interest in them. Details of third party assets are given in note 25 to the accounts.

1.18 Public Dividend Capital (PDC) and PDC dividend

Public Dividend Capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the original NHS Trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by the NHS Foundation Trust, is payable as PDC dividend. The charge is calculated at the real rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the NHS Foundation Trust. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for;

- donated assets
- average daily cash balances held with the Government Banking Service (GBS), and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility.

- (iii) for 2013/14 only, net assets and liabilities transferred from bodies which ceased to exist on 1 April 2013, and
- (iv) any PDC dividend balance receivable or payable.

Average relevant net assets are calculated as a simple average of opening and closing relevant net assets.

1.19 Losses and Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the NHS Foundation Trust not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure). However, the losses and special payments note is compiled directly from the losses and compensations register which reports on an accruals basis with the exception of provisions for future losses.

1.20 Corporation Tax

The NHS Foundation Trust does not undertake any activities that would give rise to the payment of corporation tax and therefore has determined that it has no corporation tax liability.

1.21 Consolidation of Charity Accounts

York Teaching Hospital NHS Foundation Trust acts as the Corporate Trustee for the York Teaching Hospital Charity. Although the Foundation Trust has the power to govern the financial and operating policies of the Charity, it has not consolidated the accounts of the Charity as they are not considered material. The income for the Charity for 2014/15 is £1.1m (2013-14 is £1.5m) which represents 0.24% (2013/14 0.35%) of the operating income of the Foundation Trust and, if consolidated, would not have a material effect on the accounts of the Foundation Trust.

2. Segmental Analysis

All income and activities are for the provision of health and health related services in the UK. The Trust reports revenues on a Trust wide basis in its internal reports and therefore deems there to be a single segment, healthcare.

2.1 Operating Income (by classification)	2014/15	2013/14
Income from Activities	£000	£000
Elective income	60,149	65,597
Non elective income	101,558	99,501
Outpatient income	59,489	66,312
A & E income	13,527	13,245
Other NHS clinical income	127,242	104,853
Community income	35,038	34,925
Private patient income	1,119	1,043
Other non-protected clinical income	1,559	1,671
Total Income from Activities	399,681	387,147
Total Other Operating Income	41,439	44,703
TOTAL OPERATING INCOME	441,120	431,850

2.2 Operating Income (by type)	2014/15	2013/14
	£000	£000
Income from Activities		
CCGs and NHS England	391,553	379,051
Local Authorities	5,208	5,382
NHS: Other	242	0
Non NHS: Private patients	1,119	1,043
Non NHS: Overseas patients (non-reciprocal)	129	165
NHS injury scheme (was RTA)	1,223	1,481
Non NHS: Other	207	25
Total Income from Activities	399,681	387,147
Other Operating Income		
Research and development	3,722	8,152
Education and training	16,260	15,256
Charitable and other contributions to expenditure	868	839
Non-patient care services to other bodies	12,760	12,332
Reversal of impairments of property, plant & equipment	992	1,340
Profit on disposal of other tangible fixed assets	0	3
Income in respect of staff costs	2,282	1,879
Rental revenue from operating leases	164	208
Other	4,391	4,694
Total Other Operating Income	41,439	44,703
Total Operating Income	441,120	431,850

2.3 Overseas visitors (relating to patients charged directly by the foundation trust)

2014/15	2013/14
£000	£000

Income recognised this year	129	165
Cash payments received in-year (relating to invoices raised in current and previous years)	68	48
Amounts added to provision for impairment of receivables (relating to invoices raised in current and prior years)	13	14
Amounts written off in-year (relating to invoices raised in current and previous years)	49	8

2.4 Operating Lease Income	2014/15	2013/14
	£000	£000
Rents recognised as income in the period	164	208
Total operating lease income	164	208
Future minimum lease payments due on leases of buildings expiring:		
- Not later than one year	82	82
- Later than one year and not later than five years	316	319
- Later than five years	655	738
Total operating lease income	1,053	1,139

2.5 Analysis of Other Operating Income: Other	2014/15	2013/14
	£000	£000
Car parking	1,871	1,901
Staff accommodation rentals	233	285
Catering	1,161	1,614
Other	1,126	894
Total	4,391	4,694

3.1 Operating Expenses (by type)	2014/15	2013/14
	£000	£000
Services from NHS Foundation Trusts	1,367	1,149
Services from NHS Trusts	1,620	1,486
Services from CCGs and NHS England	1	39
Services from other NHS Bodies	452	489
Purchase of healthcare from non NHS bodies	3,137	2,905
Employee expenses - Executive directors costs	1,019	1,220
Employee expenses - Non-executive directors costs	164	160
Employee expenses - Staff	298,968	288,214
Drug costs	41,382	34,816
Supplies and services - clinical (excluding drug costs)	43,108	42,650
Supplies and services - general	7,329	7,366
Establishment	3,829	3,861
Research and development	417	4,843
Transport (business travel only)	2,052	2,397
Transport (other)	1,353	1,143
Premises	15,960	14,907
Rentals under Operating Leases	5,893	4,723

Increase in provision for impairment of receivables	51	1,209
Change in provisions discount rate	41	50
Depreciation on property, plant and equipment	10,340	10,881
Amortisation of intangible assets	510	392
Impairment of property, plant & equipment	4,749	4,011
Impairment of other financial assets	0	18
Audit fees - statutory audit	87	87
Clinical negligence	4,746	5,097
Legal fees	180	298
Consultancy costs	10	9
Training, courses and conferences	1,089	916
Patient travel	84	93
Redundancy	145	1,008
Early Retirements	172	(12)
Hospitality	26	14
Insurance	591	489
Losses & special payments	201	427
Other	1,454	562
Total Operating Expenses	452,527	437,917

3.2 Arrangements containing an operating lease

	2014/15	2013/14
	£000	£000
Minimum lease payments	5,893	4,723
Total Lease Payments	5,893	4,723

3.3 Arrangements containing an operating lease

	31 March 2015	31 March 2014
	£000	£000
Total future minimum lease payments due:		
- not later than one year;	5,125	4,369
- later than one year and not later than five years;	9,093	8,235
- later than five years	989	381

4.1 Employee Expenses

	2014/15			2013/14		
	Total	Perm	Other	Total	Perm	Other
	£000	£000	£000	£000	£000	£000
Salaries and wages	235,358	216,214	19,144	233,508	213,426	20,082
Social security costs	18,402	16,905	1,497	18,331	16,754	1,577
Pension costs - defined contribution plans - Employers contributions to NHS Pensions	28,225	25,929	2,296	27,729	25,344	2,385
Pension costs – other	15	15	0	8	8	0
Termination benefits	355	355	0	1,008	1,008	0
Agency/contract staff	18,845	0	18,845	10,746	0	10,746
Total Staff Costs	301,200	259,418	41,782	291,330	256,540	34,790

of which						
Costs capitalised as part of assets	(858)	(858)	0	(888)	(888)	0
Total employee benefits excl. capitalised costs	300,342	258,560	41,782	290,442	255,652	34,790

During the year 7 Directors had benefits accruing under the NHS Pension Scheme and the Trust made employer contributions to the NHS Pension Scheme of £118,000 in respect of these Directors.

4.2 Average number of employees (WTE basis)	2014/15			2013/14		
	Total Number	Perm Number	Other Number	Total Number	Perm Number	Other Number
Medical and dental	700	376	324	696	381	315
Administration and estates	1,711	1,622	89	1,697	1,610	87
Healthcare assistants and other support staff	1,048	1,011	37	984	951	33
Nursing, midwifery and health visiting staff	2,541	2,471	70	2,518	2,454	64
Scientific, therapeutic and technical staff	1,144	1,084	60	1,114	1,064	50
Bank and agency staff	406	0	406	309	0	309
Total average numbers	7,550	6,564	986	7,318	6,460	858
of which						
WTE employees engaged on capital projects	17	17	0	32	32	0

4.3 Exit Packages

Exit package cost band	Total		2014-15 Compulsory Redundancies		Other departures agreed		2013-14 Total	
	No.	£000	No.	£000	No.	£000	No.	£000
< £10,000	1	9	1	9	0	0	7	50
£10,001 - £25,000	3	50	3	50	0	0	9	131
£25,001 - £50,000	2	86	1	40	1	46	8	268
£50,001 - £100,000	1	85	0	0	1	85	5	329
£100,001 - £150,000	1	125	0	0	1	125	2	230
Total	8	355	5	99	3	256	31	1,008

4.4 Analysis of non-compulsory exit packages

	2014-15		2013-14	
	Number of cases	Cost of cases £000s	Number of cases	Cost of cases £000s
MARS Local	1	46	7	147
Early retirements in the efficiency of the service	2	210	4	146
Total	3	256	11	293

This note provides an analysis of exit packages agreed during the year. Other departure costs include voluntary redundancy costs and the provisions of the NHS Mutually Agreed Resignation Scheme (MARS). Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS pension scheme. Ill-health retirement costs are met by the NHS pension scheme and are not included in the table.

4.5 Early retirements due to ill health

This note discloses the number and additional pension costs for individuals who retired early on ill-health grounds during the year. During 2014/15 there were 12 early retirements (14 in 2013/14) from the Trust on the grounds of ill-health. The estimated additional pension liabilities of ill-health retirements will be £0.715m (£0.786m in 2013/14). This information has been supplied by NHS Pensions and the cost will be borne by the NHS Business Services Authority Pensions Division.

4.6 Off Payroll arrangements

The Trust has a policy of not employing senior staff, directors and senior managers, via off payroll arrangements. For other staff, the Trust ensures that contracted individuals declare that they are paying an appropriate level of tax to HMRC.

5. Finance income	2014/15	2013/14
	£000	£000
Interest on bank accounts	<u>163</u>	<u>113</u>

6. Finance costs - interest expense	2014/15	2013/14
	£000	£000
Interest on loans from the Independent Trust Financing Facility	340	215
Interest on Finance Leases	14	13
	<u>354</u>	<u>228</u>

7. Losses and special payments	2014/15		2013/14	
	Number	Value £000	Number	Value £000
Cash losses (including overpayments, physical losses, unvouched payments and theft)	10	1	7	4
Bad debts and claims abandoned	40	53	61	21
Stores losses (including damage to buildings and other properties as a result of theft, criminal damage and neglect)	5	4	9	2
Compensation Payments	67	136	107	142
	<u>122</u>	<u>194</u>	<u>184</u>	<u>169</u>

8. Intangible assets	Total (all software licences)
	£000
Gross cost at 31 March 2014	4,032
Additions - purchased	269

Additions - donated	24
Reclassifications	219
Gross cost at 31 March 2015	4,544
Amortisation at 31 March 2014	2,318
Provided during the year	510
Amortisation at 31 March 2015	2,828
Net book value	
NBV - Purchased at 1 April 2014	1,689
NBV Donated at 1 April 2014	25
	1,714
NBV - Purchased at 31 March 2015	1,675
NBV Donated at 31 March 2015	41
	1,716
Gross cost at 1 April 2013	2,796
Additions – purchased	1,137
Additions – donated	18
Reclassifications	81
Gross cost at 31 March 2014	4,032
Amortisation at 1 April 2013	1,926
Provided during the year	392
Amortisation at 31 March 2014	2,318
Net book value	
NBV - Purchased at 1 April 2013	860
NBV - Donated at 1 April 2013	10
	870
NBV - Purchased at 31 March 2014	1,689
NBV - Donated at 31 March 2014	25
	1,714

9.1 Property, plant and equipment

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under Construction	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2014	258,695	18,195	168,846	1,991	9,900	39,086	205	20,390	82
Transfers by absorption	0	0	0	0	0	0	0	0	0
Additions - purchased	21,377	0	388	0	19,097	672	0	1,220	0
Additions - donated	610	0	20	0	487	103	0	0	0
Impairments through expenditure	(4,749)	0	(4,723)	0	(26)	0	0	0	0
Reversal of Impairments	992	0	992	0	0	0	0	0	0
Reclassifications	(219)	0	20,321	0	(21,568)	900	0	128	0
Impairments through revaluation reserve	(1,363)	(60)	(1,303)	0	0	0	0	0	0
Revaluations	706	10	747	(51)	0	0	0	0	0
Derecognition due to harmonising accounting policies on absorption	0	0	0	0	0	0	0	0	0
Transfers to/from assets held for sale and assets in disposals groups	(237)	0	(237)	0	0	0	0	0	0
Disposals	(25)	0	0	0	0	(25)	0	0	0
Cost or valuation at 31 March 2015	275,787	18,145	185,051	1,940	7,890	40,736	205	21,738	82
Accumulated depreciation at 1 April 2014	45,829	0	522	0	0	29,936	171	15,140	60
Transfers by absorption	0	0	0	0	0	0	0	0	0
Provided during the year	10,340	0	6,271	96	0	2,362	8	1,598	5
Revaluations	(6,239)	0	(6,143)	(96)	0	0	0	0	0
Disposals	(25)	0	0	0	0	(25)	0	0	0
Accumulated depreciation at 31 March 2015	49,905	0	650	0	0	32,273	179	16,738	65
Net book value									
NBV - Owned at 1 April 2014	208,486	18,195	165,223	1,991	9,900	8,050	34	5,071	22
NBV – Finance Leased at 1 April 2014	160	0	0	0	0	0	0	160	0
NBV - Donated at 1 April 2014	4,220	0	3,101	0	0	1,100	0	19	0
NBV total at 1 April 2014	212,866	18,195	168,324	1,991	9,900	9,150	34	5,250	22
NBV - Owned at 31 March 2015	221,405	18,145	181,060	1,940	7,890	7,392	26	4,935	17
NBV – Finance Leased at 31 March 2015	53	0	0	0	0	0	0	53	0
NBV - Donated at 31 March 2015	4,424	0	3,341	0	0	1,071	0	12	0

NBV total at 31 March 2015	225,882	18,145	184,401	1,940	7,890	8,463	26	5,000	17
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9.1 Property, plant and equipment (continued)	Total	Land	Buildings excluding dwellings	Dwellings	Assets under Construction	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2013	213,378	13,453	138,870	1,953	3,315	37,058	179	18,468	82
Transfers by absorption	31,390	4,680	23,903	0	0	1,504	0	1,303	0
Additions - purchased	15,278	0	767	0	12,242	544	0	1,725	0
Additions - donated	606	0	185	0	132	289	0	0	0
Impairments through expenditure	(1,991)	(135)	(1,763)	0	(93)	0	0	0	0
Reversal of Impairments	1,340	145	1,194	1	0	0	0	0	0
Reclassifications	(81)	0	4,968	0	(5,696)	521	26	100	0
Impairments through revaluation reserve	(835)	(105)	(730)	0	0	0	0	0	0
Revaluations	1,646	157	1,452	37	0	0	0	0	0
Derecognition due to harmonising accounting policies on absorption	(2,020)	0	0	0	0	(814)	0	(1,206)	0
Disposals	(16)	0	0	0	0	(16)	0	0	0
Cost or valuation at 31 March 2014	258,695	18,195	168,846	1,991	9,900	39,086	205	20,390	82
Accumulated depreciation at 1 April 2013	40,854	0	409	0	0	27,224	164	13,002	55
Transfers by absorption	780	0	565	0	0	215	0	0	0
Provided during the year	10,881	0	6,128	90	0	2,513	7	2,138	5
Revaluation reductions	(6,670)	0	(6,580)	(90)	0	0	0	0	0
Disposals	(16)	0	0	0	0	(16)	0	0	0
Accumulated depreciation at 31 March 2014	45,829	0	522	0	0	29,936	171	15,140	60
Net book value									
NBV - Owned at 1 April 2013	168,307	13,453	135,587	1,953	3,315	8,783	15	5,174	27
NBV – Finance Leased at 1 April 2013	266	0	0	0	0	0	0	266	0
NBV - Donated at 1 April 2013	3,951	0	2,874	0	0	1,051	0	26	0
NBV total at 1 April 2013	172,524	13,453	138,461	1,953	3,315	9,834	15	5,466	27
 NBV - Owned at 31 March 2014	 208,486	 18,195	 165,223	 1,991	 9,900	 8,050	 34	 5,071	 22
NBV – Finance Leased at 31 March 2014	160	0	0	0	0	0	0	160	0

NBV - Donated at 31 March 2014	4,220	0	3,101	0	0	1,100	0	19	0
NBV total at 31 March 2014	212,866	18,195	168,324	1,991	9,900	9,150	34	5,250	22

9.2 Property, plant and equipment (continued)

The total at 31 March 2015 included land valued at £2,750,000 open market value (31 March 2014 £2,750,000). There were no buildings or dwellings valued at open market value.

9.3 Assets held for sale

The trust has a terrace property held for sale as at 31 March 2015.

	2014/15	2013/14
NBV of non-current assets held for sale at 1 April 2014	0	0
Assets classified as available for sale in the year	237	0
NBV of non-current assets held for sale at 31 March 2015	237	0

10. Inventories

	31 March 2015 £000	31 March 2014 £000
Drugs	1,491	1,438
Consumables	5,214	4,994
Energy	135	134
	6,840	6,566

11.1 Trade receivables and other receivables

Current

	31 March 2015 £000	31 March 2014 £000
NHS Receivables - Revenue	10,874	16,940
Other Receivables with related parties – Revenue	2,532	2,661
Provision for impaired receivables	(1,039)	(1,358)
Prepayments	2,273	2,046
Accrued income	2,197	3,828
PDC Dividend	562	0
Other receivables	3,646	2,757
Total current trade and other receivables	21,045	26,874

Non-Current

Other Receivables with related parties - Revenue	1,208	1,401
Provision for impaired receivables	(121)	(140)
Total non-current trade and other receivables	1,087	1,261

11.2 Provision for impairment of receivables

	2014/15 £000	2013/14 £000
At 1 April	1,498	783
Increase in provision	318	1,209
Amounts utilised	(389)	(494)
Unused amounts reversed	(267)	0

At 31 March	1,160	1,498
	31 March	31 March
11.3 Analysis of impaired receivables	2015	2014
	£000	£000
Ageing of impaired receivables		
0-30 days	120	0
31-60 days	0	0
61-90 days	10	973
91-180 days	78	0
Over 180 days	952	525
Total	1,160	1,498
Ageing of non-impaired receivables past their due date		
0-30 days	1,654	1,327
31-60 days	256	164
61-90 days	825	2,534
91-180 days	300	496
Over 180 days	1,186	407
Total	4,221	4,928
12. Trade and other payables	31 March	31 March
	2015	2014
	£000	£000
Current		
Receipts in advance	38	232
NHS payables - revenue	1,079	1,551
Amounts due to other related parties – revenue	3,925	3,871
Trade payables - capital	1,716	3,693
Other trade payables - revenue	4,277	2,854
Other taxes	5,530	5,485
Other payables	2,700	3,468
Accruals	11,503	8,967
PDC Dividend payable	0	157
Total current trade and other payables	30,768	30,278
13. Other Liabilities	31 March	31 March
	2015	2014
	£000	£000
Deferred income	1,607	1,217
14. Borrowings	31 March	31 March
	2015	2014
	£000	£000
Current		
Loans from Independent Trust Financing Facility	1,247	1,075
Other Loans	12	25

Obligations under finance leases	53	107
Total current borrowings	1,312	1,207
14. Borrowings (continued)	31 March 2015	31 March 2014
Non-current		
Loans from Independent Trust Financing Facility	11,533	12,587
Other Loans	6	36
Obligations under finance leases	0	53
Total non-current borrowings	11,539	12,676

15. Finance Lease Obligations	31 March 2015	31 March 2014
	£000	£000
Gross lease liability	60	180
Of which liabilities are due		
- not later than one year	60	120
- later than one year and not later than five years	0	60
Finance charges allocated to future periods	(7)	(20)
Net lease liability	53	160
Net lease liability		
- not later than one year	53	107
- later than one year and not later than five years	0	53

16. Provisions for liabilities and charges	Pensions
	- other staff
	£000
At 1 April 2014	1,294
Change in the discount rate	41
Arising during the year	13
Utilised during the year	(110)
Reverse unused provisions	(38)
Unwinding of discount	23
At 31 March 2015	1,223
Expected timing of cash flows	
- not later than one year;	108
- later than one year and not later than five years;	418
- Later than five years.	697
	1,223

£66.78m (2014 - £47.06m) is included in the provisions of the NHS Litigation Authority at 31 March 2015 in respect of clinical negligence liabilities of York Teaching Hospital NHS Foundation Trust.

17. Revaluation reserve	Revaluation Reserve £000
Revaluation reserve at 31 March 2014	50,755
Transfer by absorption	0
Impairments	(1,363)
Revaluation gains on property, plant and equipment	6,945
Revaluation reserve at 31 March 2015	56,337
Revaluation reserve at 1 April 2013	39,489
Transfer by absorption	3,785
Impairments	(835)
Revaluation gains on property, plant and equipment	8,316
Revaluation reserve at 31 March 2014	50,755

18. Cash and cash equivalents	2014/15 £000	2013/14 £000
At 1 April	25,315	12,788
Net change in year	(6,822)	12,527
At 31 March	18,493	25,315
Broken down into:		
Cash at commercial banks and in hand	110	89
Cash with the Government Banking Service	18,383	25,226
Cash and cash equivalents as in SoFP	18,493	25,315
Cash and cash equivalents as in SoCF	18,493	25,315

19. Transfers by Modified Absorption

York Teaching Hospital NHS Foundation Trust received the following assets and liabilities from North Yorkshire and York Primary Care Trust on 1 April 2013 under the Transfer of Community Services initiative. No assets were transferred in 2014/15 but Whitby Hospital will transfer to NHS Property Services on 1 July 2015.

	2014/15 £000	2013/14 £000
Property, Plant & Equipment	0	30,610
Trade and Other Receivables	0	2,464
Inventories	0	18
Total Assets Transferred	0	33,092
Trade and Other Payables	0	(541)
Total Liabilities Transferred	0	(541)
Total Net Assets Transferred	0	32,551
Represented by		
Income and Expenditure Reserve	0	(28,766)

Revaluation Reserve	0	(3,785)
Total Equity	0	(32,551)

20. Capital Commitments

Commitments under capital expenditure contracts at 31 March 2015 were £0.6m
(31 March 2014 £7.1m)

21. Contingent Liabilities

There are no contingent liabilities identified for this financial year.

22. Post Balance Sheet Events

For the year 2015 -16 the Foundation Trust will continue to receive transition support in relation to the Scarborough and North East Yorkshire Healthcare NHS Trust integration programme.

23. Related Party Transactions

York Teaching Hospital NHS Foundation Trust is a corporate body established by order of the Secretary of State for Health.

During the year none of the Board Members, members of the Council of Governors or members of the key management staff or parties related to them has undertaken any material transactions with York Teaching Hospital NHS Foundation Trust.

The Department of Health is regarded as a related party. During the year York Teaching Hospital NHS Foundation Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department.

In addition, the Trust has had a number of material transactions with other English government departments and other central and local government bodies. Most of these transactions have been in the course of the latter's business as government agencies.

For those entities where significant transactions have occurred during the year, details of income and expenditure and balances receivable and payable are listed below. Transactions are considered significant, if income or expenditure for the year exceeds £1.7m or the receivable or payable balance exceeds £0.5m.

The Trust has also received contributions of £234k towards revenue expenditure and £634k towards capital expenditure from the York Teaching Hospital Charity, the Corporate Trustee for which is the York Teaching Hospital NHS Foundation Trust. At the year-end there was a receivable balance in the Trust of £97k due from the York Teaching Hospital Charity.

Related Party Transactions

	Balances		Income	Expense
	Receivables	Payables		
	£000	£000	£000	£000
Compensation Recovery Unit	3,186	0	1,223	0
Department of Health	562	0	269	3
Harrogate & District Foundation Trust	883	202	2,104	1,858
Health Education England	97	0	16,188	0
HM Revenue & Customs	917	5,530	0	18,402
Leeds Teaching Hospital NHS Trust	83	447	305	2,093
National Blood Authority	29	0	43	2,000
NHS East Riding of Yorkshire CCG	437	112	37,554	0
NHS England	2,978	142	67,016	334
NHS Hambleton, Richmondshire and Whitby CCG	756	65	15,234	0
NHS Harrogate and Rural District CCG	8	6	4,829	0
NHS Litigation Authority	0	1	119	5,070
NHS Pension Scheme	0	3,959	0	28,225
NHS Professionals	0	0	0	4,091
NHS Scarborough and Ryedale CCG	2,494	339	77,434	0
NHS Vale of York CCG	1,710	931	197,937	58
North Yorkshire County Council	257	0	4,864	79
Other	2,985	1,062	17,572	6,748
TOTAL	17,382	12,796	442,691	68,961

24. Financial Instruments

IAS 32, 39 and IFRS 7 regarding Financial Instruments, require disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Foundation Trust has with local Clinical Commissioning Groups (CCG) and the way those CCGs are financed, the NHS Foundation Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which IAS 32, 39 and IFRS 7 mainly apply.

Liquidity Risk

The NHS Foundation Trust's net operating costs are incurred under annual service agreements with local CCG, which are financed from resources voted annually by Parliament. York Teaching Hospital NHS Foundation Trust is not generally exposed to significant liquidity risks.

Interest Rate Risk

The NHS Foundation Trust's financial assets and financial liabilities carry nil or fixed rates of interest. York Teaching Hospital NHS Foundation Trust is not, therefore, exposed to significant interest-rate risk.

Credit Risk

The NHS Foundation Trust receives the majority of its income from CCGs and Statutory Bodies, the credit risk is therefore generally negligible.

Foreign Currency Risk

The NHS Foundation Trust carries out a minimal amount of foreign currency trading therefore the foreign currency risk is negligible.

24.1 Financial assets by category

Loans and receivables £000

Assets as per SoFP

Trade and other receivables excluding non financial assets	26,089
Cash and cash equivalents (at bank and in hand)	25,315
Total at 31 March 2014	51,404

Trade and other receivables excluding non financial assets	16,430
Cash and cash equivalents (at bank and in hand)	18,493
Total at 31 March 2015	34,923

24.2 Financial liabilities by category

Other financial liabilities £000

Liabilities as per SoFP

Borrowings	13,723
Obligations under finance leases	160
Trade and other payables excluding non financial liabilities	24,404
Total at 31 March 2014	38,287

Borrowings	12,798
Obligations under finance leases	53
Trade and other payables excluding non financial liabilities	25,200
Total at 31 March 2015	38,051

24.3 Fair Values

The NHS Foundation Trust has carried all financial assets and financial liabilities at fair value for the year 2014/15.

25. Third Party Assets

The NHS Foundation Trust held £5k cash at bank and in hand at 31 March 2015 (31 March 2014 - £10k) which relates to monies held by the NHS Foundation Trust on behalf of patients.

26. Limitation on auditor's liability

	2014/15 £000	2013/14 £000
Limitation on auditor's liability to any part of any loss suffered which is proportional to their responsibility.	2,000	2,000

